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THE TEACHINGS OF FAILURE.

The Presidential Address,
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BY

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MY first duty is to thank you sincerely for the honour which you have done me in calling me to the presidential chair of this Society. If I do not proceed to enlarge upon my unfitness for a position of such responsibility, it is not that I am not conscious of it; but you are already too familiar with the expression of the sense of self-distrust which appears to be inseparable from the assumption of presidential cares, and almost year by year is owned to from this chair.

The past session has been one of quiet prosperity to the Society, and of freedom from war's alarms. The

present year opens under circumstances of good omen. It is intended that the ordinary meetings of the session shall be held in the Medical Wing of University College, Bristol, the handsome building hard by, which, after years of anxious waiting and of hope deferred, has at length taken so satisfactory material form. I trust that it is destined to be the permanent home of the Bristol Medico-Chirurgical Society. A joint committee from your committee and the faculty of the Medical School has already been appointed to consider a scheme whereby the fine hall set apart for a library may become your recognised place of meeting, and, of more importance still, the local habitation of your library. So vigorous has been the growth of the latter, under the fostering care of your honorary librarian, that it has already all but expanded to the limits of its present abode; and I look forward with confidence to the time, in the not far distant future, when in the adjacent building there will exist a library which will bear evidence to the vitality of this Society and the activity of medical education in this city, and form a collection of works on medical and allied subjects such as will make it a boon to the members of the profession in this district, and give it undisputed position as the Medical Reference Library of the West of England.[1]

The choice of a subject for an address on such an occasion as the present is always a matter of difficulty. The history of the Society and of the life of medical institutions and medical men in this city, has again and again been recounted by those who are far more com-

[1] Since the above was written a scheme has been agreed to by the Medical School and the Society for the amalgamation of the libraries of the two institutions in the new Medical School building.

petent to deal with it than myself. A discourse on some limited subject in practical medicine or in pathology would find a more fitting place in one of the later meetings of the session. No recent great advance in our knowledge of disease, or in our ability to meet it, demands our notice. But if we look back upon the medical history of the immediate past, two episodes stand out in bold relief—one, the history of tuberculin; the other, the onslaught of influenza.

I hasten to allay the alarm which my words may have raised in your minds. It is not my purpose to inflict upon you either an analysis of the results of what is known as Koch's method, or a disquisition upon influenza. The former is, I fear, a thing of the past; the latter, I trust, is so too, and upon neither can we as a scientific profession look with satisfaction. Koch led us away after a Will-o'-the-wisp; the influenza did with us what it would; and the contemplation of this has turned my thoughts towards an aspect of our work upon which it is good for our mental discipline that we should at times meditate. This Society is wont to witness the successes of its members, and their achievements in the various regions of medicine and pathology; even our clinical failures appear before us here as pathological triumphs. I ask you to look for a few minutes upon the reverse of the picture—to submit yourselves to a short course of fasting and humiliation for sins of omission and of commission; to gaze upon our difficulties and our mistakes; remembering that, of all the lessons taught by experience, few are more valuable than those obtained from duly-appreciated *failure*.

The first part of my text is Koch's announcement of a cure for tuberculosis. It may safely be affirmed that no

other event of recent years has created so profound a sensation throughout the whole civilised world. Political disturbances, however grave, wars and rumours of wars, however disquieting, have their more or less limited local incidence; even a far-reaching scourge such as cholera does not at one grasp lay hold upon all the races of mankind. But here was a thing that was brought home to every people under the sun: not a country but what was the home of tuberculosis, not a community in which it had not claimed its victims; and the greatest medical scientist of the age, a man whose reputation for accurate work had hitherto been above suspicion, the discoverer of the bacillus tuberculosis itself, came forward with the confident assertion that the dread disease was no longer incurable. "Put not your trust in princes!" Bitter disappointment has followed: the prince among scientists is fallen from his high estate; and a blow has been struck at confidence in scientific methods and scientific men which will leave its mark upon our profession for a generation.

Where was the mistake? We as a profession—against our judgment, be it said—trusted too much to the *man*, although he appeared in the novel rôle of a clinical physician. Probably all recognised the anomaly in Koch's explanation of the phenomena involved, and found it hard to understand, if tuberculin destroyed the surrounding tissue rather than the active focus itself, how the disease was to be eradicated. And the result proved that this doubt was well founded. Had the announcement come from almost any other source it would have been received far differently; but on such respected authority careful trial was imperative. What followed is matter of too recent history to need recapitulation.

When the usual methods of scientific investigation were brought to bear, evidence rapidly accumulated adverse to the method, and in its original form it is now practically abandoned. Whether any modification may ultimately be of value remains to be proved.

A special regret attaches to the recognition of Koch's own source of error. The man of world-wide scientific reputation fell into one of the commonest errors of the unscientific—he based his conclusions upon imperfect and insufficient observation.

As a side issue, it is of interest to note how any new path that is opened up tends to lead to fresh discoveries. The reaction of many tubercular subjects to tuberculin is beyond doubt, and there is much evidence to prove that when tuberculosis does not exist, reaction is comparatively rare. The fluid hence has considerable diagnostic value, though to what actual extent is still undecided. Working on the same lines, a product of the bacillus of glanders, which has been called "mallein," has been employed for the diagnosis of glanders and farcy. The result so far obtained appears to be curiously on all fours with that met with in tuberculosis. Observations have shown that, as with tuberculin in tuberculosis, so with mallein in glanders and farcy, the reaction is generally diagnostic, but not absolutely, inasmuch as it has occurred in animals free from the disease. But this is a digression.

The modern therapeutic history of tuberculosis is a record of a series of false hopes with their consequent disappointments. It is melancholy to look back upon the last few years, and see how remedy after remedy has been introduced with flourish of trumpets, has failed to stand a wider test, and has fallen into the background. Let me remind you of a few of the army of specifics:

Iodoform, aniline, thymol, tannin, ozone, calomel and corrosive sublimate, homeriana, hydrofluoric acid; antiseptic inhalations of carbolic acid, creasote, iodine, eucalyptol, iodoform, turpentine, sulphurous acid, chlorine, sulphuretted hydrogen (which were to go to the root of the whole matter by attacking the bacillus in its stronghold); rectal injections of sulphuretted hydrogen; subcutaneous and intra-tracheal injections of drugs that are much better introduced by the channels that Nature has provided; intra-pulmonary injections of iodine, iodoform, creasote, carbolic acid, iodol, camphor-carbolate, biniodide of mercury, naphthol, boronaphthol, camphor, guaiacol, and the like (designed to act directly upon the tissues into which they were injected, regardless of the impossibility of absolutely determining the diseased areas by anything short of a *post-mortem* examination); the introduction of the bacterium termo in its legions, to war upon its natural foe, the bacillus tuberculosis; Liebreich's injections of cantharidinate of potash in imitation of Koch; subcutaneous injections of goat's blood and of dog's serum;—a long array, with Koch's tuberculin at one extreme and Brown-Séquard's fluid at the other.

Even about our latest favourites, creasote and guaiacol, which still hold their ground, we are becoming uncertain. Hitherto it has been generally accepted that it is important to push the dose until large quantities are being taken daily; now we are told, in the last number of this Society's *Journal*, that large doses have no advantage over small.

Three years appears to be a fair average life time for a new specific for tuberculosis. The first year comes the announcement of the discovery, with details incontestably proving its value; the second sees a wider trial of the remedy, with varying results; the third year brings its condemna-

tion. If we take as an illustration Weigert's hot-air treatment of phthisis; introduced in 1888, backed up by cases proving its "remarkable general and local good effects;" in 1889 well spoken of by some observers and disparaged by others; we find in 1890 the record that "the hot-air treatment of phthisis has met with nothing but discredit during the past year." And then it is pointed out that nothing else could be expected, inasmuch as both the theory and the practice are wrong: the bacillus tuberculosis does not necessarily die when the temperature of the body is raised, and indeed finds a congenial *habitat* in certain animals whose normal temperature ranges from 102.5° to 108°; and further, the inhalation of the hottest air that can be borne does not, as a matter of fact, cause more than a trifling rise in the temperature of the lung.

Then there was Bergeon's method of rectal injections of sulphuretted hydrogen, brought forward in 1886 with proof of its great value "not only in incipient but in confirmed cases of phthisis"; well-spoken of by good authorities in 1887; in the following year it is put aside, and Forchheimer relates "control" observations to prove that the result is practically the same whether the injection consists of sulphuretted hydrogen or of simple atmospheric air.

It is impossible not to be struck with the uniformity of the good results claimed for each and all of the different modes of treatment on their introduction: diminution of cough and sputum, of fever and night-sweats, gain in weight and strength, and often lessening of physical signs.

Now these are evidences of improvement that can be more or less accurately measured; and there is no doubt

that they have actually occurred under all these varied therapeutic measures. Why then have they not been confirmed by a more extended experience? It would appear that a case of phthisis when taken in hand and placed under almost any treatment (provided that it is not actively harmful) tends to improve; and this view is borne out by the experience of hospitals where tuberculosis has been largely treated on general rather than specific lines. Doubtless this is in great measure due to the associated improvement in the conditions under which the patient is placed. We have also, however, to reckon with the well-known variability in the course of the disease, apart from any special treatment—its tendency to exacerbations and remissions as fresh areas of lung tissue become the seat of active mischief, which in its turn may quiet down. One thing is clear—that the good results are not limited to and do not uniformly follow the use of any one line of treatment. And we are reluctantly reminded of Sir Thomas Watson's dictum with regard to acute rheumatism: "You may be sure, when men's opinions concerning the treatment of a disease which is of common occurrence and easy recognition are thus unsettled and diverse; you may be sure, first, that no specific for that disease has yet been discovered, and secondly, that the disease is not very obedient, or not steadily obedient, to any remedial plan." Forty years after this was written, salicin and the salicylates had made it no longer applicable to rheumatic fever; let us still live in hope that the day may come when it will not be true of tuberculosis.

If our relation as a profession to tuberculosis cannot be regarded with any degree of satisfaction, the contemplation of the influenza epidemic is still less calculated to

flatter our self-conceit. I mean as regards our claim to be scientific observers and therapeutists; for there is no reason to be ashamed of the self-sacrificing energy and endurance with which the foe was encountered by the medical profession.

When influenza first declared its type, when it became evident that, although severe, its paroxysm was very short, and that all the acute phenomena rapidly disappeared in a large proportion of cases, I ventured to predict that the epidemic would make the fortune of many a specific; inasmuch as the attack would rapidly pass on to its natural termination in recovery, whatever the treatment adopted—always provided that the remedial measures were not too heroic. What does a survey of the voluminous literature of the epoch reveal? A host of authorities, each of whom is fully convinced of the power of his own favourite remedy, and equally sure that his neighbour's line of treatment is most prejudicial. One writer describes his unvarying success with carbonate of ammonia and the like, and goes on to say: "As for antipyrin and its congeners, most of the deaths in the epidemic are, I think, to be attributed to their use." He is immediately followed by another, who treats 400 cases with antipyrin combined with salicylate of soda, and says: "I also am happy to say that I did not lose a single case, and found no depressing or other evil effects from the antipyrin, but on the contrary marked benefit and saving of strength." And these two are promptly discounted by a third, who testifies as follows: "I am happy to say that I did not lose a single patient from the epidemic or its sequelæ; and I used very little medicine, and that of the simplest description." The last observer, however, damages his otherwise sound scientific position by pro-

ceeding to hold forth against antipyrin, a remedy which on his own showing he had never tried.

Aconite, salicin and the salicylates, antipyrin, antifebrin, phenacetin and exalgine, carbonate of ammonia and sal volatile, iron, quinine, ergot, digitalis, camphor (recommended both for its efficacy and for its cheapness), iodide of potassium, vaccination, bromides, morphia, calomel, halviva, sulphurous acid, pilocarpine, periodate crystals, the Turkish bath, ipecacuanha, belladonna, eucalyptus, naphthol, bicarbonate of potash, electricity, and a host of other remedies—each of them found at least one believer. "I secured convalescence in 24 hours," says one observer, with a most enviable sense of power; "I find that the disease can be cut short, as easily as an ordinary bronchial attack, by the following combination"—and then comes a prescription containing ether, iron, ipecacuanha, and opium. Another relies upon hot water: drink it freely, gargle the throat with it, keep the hands in it, syringe the nose with it. Another directs that "to prevent the poisonous products of the putrefactive decomposition of food from passing into the blood, *the whole contents* of the alimentary canal should be discharged as soon as possible." Another "tried apple-water, so warmly recommended by Professor Oscar Liebreich, of Berlin, but did not observe any good results beyond an unpleasant abdominal pain and sometimes diarrhœa." Another writes: "My object is to point out the beneficial action of salicin given frequently and in large doses. It seems to arrest the course of this disease as effectually as it does that of acute rheumatism, when given in the same manner." Twenty to forty grains of salicin every hour for three to six hours, and then every two hours for a day; and by that time the fever had

finished its natural course and the drug got the credit: and then, to accentuate his want of knowledge of the type of the disease, he continued the medicine "after that at wider intervals for some days," as though it were rheumatic fever that he had to treat. Alcohol, too, had its advocates. The writer who recommended aconite combined it with alcohol—as well he might. Another summed up his method by the statement that he "started, kept up, and finished off with stimulants." And an instance is mentioned in which a lady who had been ordered to take daily from 10 to 12 ounces of brandy during her illness did duly start it, and kept it up, and when last heard of had *not* finished off. The Paris correspondent of *The Lancet* (Jan. 4th, 1890) relates how the French physicians had discovered that those addicted to alcohol did not take the disease (a fact, by the way, apparently peculiar to Frenchmen), and goes on to say: "The doctors have therefore recommended warm alcoholic drinks. Unfortunately, on the strength of this prescription the public have been indulging in these drinks to such an extent that in three days, including Christmas Day, no less than 1500 persons were arrested in the streets of Paris for drunkenness. Of this number, at least 1200 stated in defence that they were simply following the treatment prescribed for influenza."

Prophylactics were of course in great demand. Eucalyptus was one of the most widely patronised, and indeed was said to be "absolutely preventive"; and persons who had a few drops on a handkerchief or on a bit of blotting-paper somewhere in the house enjoyed perfect mental immunity from attack. Those who would keep on washing their conjunctivæ with a solution of boric acid were promised exemption. Quinine was a

favourite: one man took it daily all through the first outbreak of the epidemic and the succeeding interval, up to the time that he succumbed to influenza in its second outbreak, when he gave it up as defective. And the law courts have recently been called upon to decide as to the prophylactic value of another infallible safeguard, the "carbolic smoke ball."

Let me remind you again of Sir Thomas Watson's dictum: "When men's opinions concerning the treatment of a disease . . . are thus unsettled and diverse, you may be sure, first, that no specific for that disease has yet been discovered, and secondly, that the disease is not very obedient . . . to any remedial plan."

No specific for influenza *has* yet been discovered: the uncomplicated disease runs its own short well-marked course practically uninfluenced by treatment, as was found by those who let it alone; and the result is equally good, whether the patient is treated with antipyrin or with camphor water. The truth of this was indeed brought home to us when influenza assumed its graver form, when it carried off its victims with almost the uncompromising rapidity of a plague. Where were the specifics then? Where was the disease with a mortality of *nil*, so tractable that a man could write of it, "I secured convalescence"? The malady was true to itself—whether benign or malignant, it recognised no specific.

We are still far too unscientific in our methods. The snares that entrapped our forefathers are still set with success for us. That old enemy of our profession, the *Post Hoc Propter Hoc* fallacy, has renewed his youth in these days of therapeutic activity; and we are just as ready as ever to follow his lead, and be it in influenza, or

in tuberculosis, or in other conditions, too prone to see cause and effect where no such relationship exists. Medicine is an inductive science, and our inductive method is too often faulty. We are in too great haste to generalise; we establish our general propositions upon too few particulars. We give a remedy in a certain number of instances of a disease, and a certain result follows, which we claim as due to the drug. A wider experience does not bear out our conclusions, and we therefore know that our premisses were wrong—that the particular propositions upon which we generalised were instances, not of cause and effect, but of accidental association. We should have waited for more experience, we should have made "control" observations, so as with greater certainty to eliminate the element of chance.

And of this I am sure, that we do not allow enough for the *vis medicatrix naturæ*. I have always held that regular medicine owes much to homœopathy, which with its infinitesimal doses has proved how recovery, especially from acute disease, will take place under what is practically no medicinal treatment whatever. A short time since I was discussing with my clinical clerks a fairly severe case of acute pneumonia; and to my query, "What would you do for him?" one of them replied, "I should not give him anything." Upon this prescription the patient made a perfect recovery. That student had learnt an important lesson—how to let well alone.

Illustrations of the difficulty of determining the action of drugs might easily be multiplied—let one suffice. When salicin and the salicylates were first brought forward in the treatment of acute rheumatism, some half-dozen similar cases of the disease were under my care in

the Bristol General Hospital. Half of them were treated with salicin, and made an unusually rapid and complete recovery; the other half had practically no treatment, and ran an exactly similar course. If all had had the new remedy, it would have gained undeserved credit; but the "control" observations prevented this mistake. Note, however, that a conclusion from these instances against the value of salicin would have been equally erroneous; all that could be said was that the case for it was "not proven," and that further observation was needed. An extreme instance of the opposite method was afforded by a practitioner who recorded his first case of influenza, which happened to be in a man; after generalising on the effects of treatment, he proceeded to draw from his single case the deduction that the disease more often attacked men than women.

The problems with which we have to deal are so complex that it is little wonder if we fall again and again into error. Bacon, in his discourse on *The Advancement of Learning*, is impressed with the difficulties attending the healing art. "This much," he says, "is evidently true, that of all substances which nature hath produced, man's body is the most extremely compounded. For we see herbs and plants are nourished by earth and water, beasts for the most part by herbs and fruits; man by the flesh of beasts, birds, fishes, herbs, grains, fruits, water, and the manifold alterations, dressings, and preparations of the several bodies, before they come to be his food and aliment. Add hereunto that beasts have a more simple order of life, and less change of affections to work upon their bodies; whereas man in his mansion, sleep, exercise, passion, hath infinite variations; and it cannot be denied but that the body of man of all other things is of the

most compounded mass. . . . This variable composition of man's body hath made it an instrument easy to distemper; and therefore the poets did well to conjoin music and medicine in Apollo, because the office of medicine is but to tune this curious harp of man's body and reduce it to harmony. So then the subject being so variable hath made the art by consequence more conjectural; and the art being conjectural hath made so much the more place to be left for imposture. For almost all the other arts and sciences are judged by acts, or masterpieces, as I may term them, and not by successes and events. The lawyer is judged by the virtue of his pleading, and not by the issue of the cause; the master of the ship is judged by the directing his course aright, and not by the fortune of the voyage; but the physician . . . hath no particular acts demonstrative of his ability, but is judged mostly by the event; which is ever but as it is taken; for who can tell, if a patient die or recover . . . whether it be by art or accident? And therefore many times the impostor is prized and the man of virtue taxed. Nay, we see the weakness and credulity of men is such, as they will often prefer a mountebank [1] or witch before a learned physician. . . . And what followeth? Even this; that physicians lay to themselves as Salomon expresseth it upon an higher occasion, 'If it befall to me as befalleth to the fools, why should I labour to be more wise?' . . . And doubtless upon this ground, that they find that mediocrity and excellency in their art maketh no difference in profit or reputation towards their fortune; for the weakness of patients, and sweetness of life, and nature

[1] From *montambanco*, one who mounts a bench and proclaims the virtue of his remedies—hence a quack doctor.

of hope, maketh men depend upon physicians with all their defects."

Well is it for the physician that he is still in demand, in spite of all his defects. For though since Bacon's time medicine has emerged from mediæval darkness and become a science, yet the human mind which has to face its ever-varying problems is the same, and its innate sources of error are unchanged. "For," says Bacon, "the mind of man is far from the nature of a clear and equal glass, wherein the beams of things should reflect according to their true incidence; nay, it is rather like an enchanted glass, full of superstition and imposture if it be not delivered and reduced. . . . Although our persons live in the view of heaven, yet our spirits are included in the caves of our own complexions and customs, which minister unto us infinite errors and vain opinions."

I would not have you mistake my position. I am not a sceptic as regards treatment. Fortunately for ourselves and our patients, we possess, and are from time to time adding to, a large armamentary of drugs and of remedial measures that have made good their claim upon our confidence; and modern research into the conditions of bacterial life has revealed a glimpse of a region of therapeutics whose limits it is impossible yet to define. But I do regret to see the continual series of new remedies that are introduced but to be thrown aside; I do protest against our constant abuse of the inductive method, our want of care in testing the validity of the particular propositions upon which we found our generalisations. To experimental therapeutics might well be applied the ancient saying: "The sinews of wisdom are slowness of belief and distrust."

In no department of our art are we free from risk of

error and failure. Diagnosis, prognosis, treatment—I fear that there is no one of us who can truly aver that he has not been repeatedly at fault in each of these. Were I myself to go into the confessional, to own to my many known shortcomings—the unknown I shrink from picturing—I might well be held to be unworthy of the honourable position that I occupy to-night. And consciousness of failure in ourselves should make us "wondrous kind" towards the shortcomings of others.

Looked at from the standpoint of responsibility, our mistakes fall into one of two categories—the avoidable and the unavoidable; for undoubtedly no moral responsibility attaches to many of our failures. The degree to which error is unavoidable varies with the individual—varies with the mould in which the mind is cast, varies with the acuteness of vision, the sharpness of hearing, and the delicacy of the sense of touch—and no amount of training can bring all men up to the same level in medicine any more than in other callings. But enough of this personal element.

It must be fully recognised that, with our present finite knowledge, failure is sometimes unavoidable. Diagnosis affords many instances of this. Granted that there is no special difficulty in the recognition of disease when it conforms to what we regard as its type, there is an unfortunate liability for the manifestations of any given malady to become "atypical." And the more marked the variation from type, the greater is the probability that some other morbid condition will be simulated. I have heard a physician of world-wide reputation deliver a masterly clinical lecture on a case presenting all the features of tuberculosis, and point out the certainty of a fatal ending; and I have seen his surprise when the

patient did not die, but lived, and showed forth the confusion that may arise between tuberculosis and typhoid fever. Again, let me remind you of Langenbuch's case, in which the symptoms of locomotor ataxy existed, and great good resulted from the stretching of the sciatic nerves; but on the death of the patient the lesions of locomotor ataxy were found to be absent. The very mention of the strange protean condition known as hysteria will recall to everyone moments of great doubt and difficulty, when upon the solution of the problem between hysteria and some grave organic disease turned the question between life and death. And not only does hysteria simulate conditions due to structural change, but it may itself be imitated by them. I well remember in my student days a girl being brought into the casualty room in a typical hysterical state: there was a slight squint, but this did not appear of importance in the face of the other symptoms. The girl was treated by such means as the resources of a hospital casualty room and the energy of youth suggested, and was sent home seemingly much better; and a day or two later came a letter announcing her speedy death, and complaining of the treatment which she had received. An almost identical case came to my knowledge some years ago in this city. A medical man asked me to be present at an autopsy on a girl who had been recognised as purely hysterical by several eminent authorities. Here, too, there was a slight squint, which did not attract much notice. One day the girl had an upset with her friends, went into the garden in a fit of hysterical crying, and fell down dead. An enormous cerebral tumour existed.

It is important to recognise that certain functional affections of the heart may simulate grave organic

disease. A patient beyond middle age comes with symptoms pointing to fatty degeneration, and the physical signs are in keeping; and the man is warned to put his house in order. The general health improves, and all the symptoms disappear; and the condition is shown to have been one of functional weakness only. My experience has made me very chary of condemning a heart as fatty unless the case has been under observation for a considerable time.

In prognosis there is a double source of error. On the one hand, it is dependent upon diagnosis, which may be at fault; and on the other, it has to deal with what is more or less an unknown quantity. If man were a machine, from which a definite amount of work could be obtained from a definite supply of fuel, the problem would be simple. But given a case of acute endocarditis, who can foretell whether there will remain a murmur and nothing more, or whether grave distortion of valve will result, with rapid failure in compensation, and early death? Some years ago I saw with a friend in the country a patient with most pronounced valvular disease and secondary implication of heart. When 20 years old he was warned to be most careful; at the age of 40 a well-known authority foretold his death within twelve months; and he lived to be 60 years of age.

The experience of such things tends to undermine the simple faith with which the young practitioner emerges from his student days; and unfortunately for the mental peace, the wider experience becomes, the more do certainties give place to probabilities. And in forming an opinion it is always wise to give due weight to possibilities as well as to probabilities, and to make full allowance for the unexpected, which happens in

medicine with even greater regularity than in other walks of life.

The philosopher Bacon advises "not to engage a man's self peremptorily in anything, though it seem not liable to accident; but ever to have a window to fly out at, or a way to retire. Following the wisdom in the ancient fable of the two frogs, which consulted when their plash was dry whither they should go; and the one moved to go down into a pit, because it was not likely the water would dry there; but the other answered, 'True; but if it do, how shall we get out again?'"

Avoidable error may be due either to ignorance or to carelessness. In the abstract, all mistakes come from ignorance, inasmuch as there would be no mysteries to perfect knowledge; but only in so far as any man meets with failure from lack of knowledge which with our present light he might possess, is he responsible. Without doubt, however, carelessness is by far a commoner cause of error than ignorance, especially in diagnosis. My old master, Sir William Jenner, used to preach, in the emphatic way that those who knew him will remember so well, that "more mistakes are made from not looking than from not knowing." And often this "not looking" is not from wilful neglect; but the constant watching of a certain aspect of a case tends to keep the attention averted from those features which (in Professor Lloyd Morgan's terms) are "peripheral" rather than "focal" to the mental vision. And hence it happens that when another observer comes in, with his eyes not fixed in any one direction, but turned upon each detail of the case in routine succession, he sometimes makes discoveries that would have been just as easy to the brother whom he is called to meet.

Let us consider the conclusion of the whole matter. We fail from imperfect knowledge of disease, and from faulty observation of individual cases. If we would avoid error, we must one and all study more carefully the natural history of every morbid condition, and watch more closely the features of every instance that comes before us. So shall we best be able to determine the nature of the phenomena with which we meet, and to foretell their course; so shall we best discover the real effect of remedial measures, and escape the fallacy of attributing to treatment what is in truth the outcome of the untouched disease. If failure opens our eyes to our deficiencies, if it makes us more critical, more careful to avoid unscientific methods of observation and research, if it leads us to greater diligence, thoroughness, and honesty in our work, then it will not have come to us in vain.

TWO CASES OF LOCOMOTOR ATAXY WITH CHARCOT'S JOINT DISEASE.

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For the reports and photographs illustrating these two interesting cases we are indebted to Mr. G. Stewart Abram, M.B. Cantab.

Case I. (under the care of Dr. Davy).—J. B., aged 53, was admitted to the hospital on August 11th, 1892, with the following history: He had passed most of his life in

the merchant service, and dates the commencement of his troubles from an attack of gastro-enteritis, three years ago. Following this he had a girdle sensation, and eighteen months ago his left knee began to swell, and has painlessly increased in size since. There is a well-marked history of syphilis.

On admission the patient was found to be far from intelligent, and stated that he had come to have his knee operated upon. The condition of the knee is that shown in photograph No. 1. The whole knee, when the patient sits, feels tense and all the tissues are enlarged, with some increase of arthritic fluid. When the patient attempts to walk, which he is in the habit of doing with a crutch, there is a remarkable luxation of the femur and tibia. The line of the femur is altered, and the external condyle apparently wholly or in part destroyed, allowing the head of the tibia to be displaced inwards, as in a case of marked genu valgum. (See photograph No. 2.) There is absolutely no pain, and the right knee is unaffected.

The patient has many of the well-known symptoms of tabes dorsalis: ataxia and inco-ordination; speech and intelligence altered; knee-jerks completely gone; girdle sensation; some anæsthesia of lower limbs; bladder crises, shown by occasional attacks of retention and formerly involuntary micturition.

The pupils are not very characteristic, except that they are both small. They are unequal, and fail to react to either accommodation or light. The superficial reflexes are considerably increased.

Case II. (under the care of Dr. Blomfield).—John B., aged 48, curiously enough, came to the hospital on the same day as the previous case, and was admitted on August 13th, 1892.

Dr. DAVY'S CASE.

No. 1.

Dr. BLOMFIELD'S CASE.

No. 3.

No. 2.

No. 4.

The following was the history: He was in the army twenty-one years, and left it ten years ago. Twenty-six years ago he had a spear-wound in the chest, and four years ago an attack of right facial paralysis, due, he thinks, to cold. There is no definite history of syphilis. Eighteen months ago he first noticed symptoms of the present disease. He had difficulty in walking and weakness in the left leg, with well-marked lightning pains. Some four or five months before admission, owing to his inco-ordinate walk, he fell while trying to get into an omnibus, and from that time he noticed that his right knee was much worse and began to swell. Whilst in London he was suspended, and since then has lost his lightning pains.

On admission he had many symptoms comparable with the previous case. His intelligence was low, and his ataxia was most marked. The enlargement of the right knee was very apparent, and there was also slight enlargement of the left knee. (See photograph No. 3.) The swelling was painless, and resembled the enlargement already described, but the luxation was different. There appears to be more softening than destruction; and while the line of the femur is altered, the tibia is displaced backwards, as in a case of hyper-extension. (See photograph No. 4.)

This case presents more markedly than the previous one the symptoms of tabes dorsalis, nearly all the recognised features being present. His inco-ordination and ataxia are most marked. He has altered speech and intelligence. His pupils are pin-point, and give the Argyll-Robertson reaction. The knee-jerks are quite absent, and he has some anæsthesia of the lower limbs, with delayed sensation. He has crises of various kinds,

notably intestinal and vesical. And, in addition, he still has some facial paralysis on the right side.

Remarks.—During the last twelve years no such typical examples of tabetic arthropathy as the two cases here recorded have come under our observation at the Devon and Exeter Hospital. It is known that cases of this kind are occasionally mistaken for disease of a joint requiring amputation or excision, and it is certainly conceivable that such might be the case where the nervous symptoms are slight while the joint disease is very serious. Again, as M. Charcot long ago pointed out, the arthropathy is an *early symptom* in locomotor ataxy; and he very properly insists that the absence of pain and inflammation is a most important point in the diagnosis of all diseases of the joint caused by locomotor ataxy. Two cases very similar to those now recorded are reported by Dr. James Murphy of Sunderland.[1] As regards the bearing of syphilis as a possible cause of the joint disease, it will be observed that in the first case there is a well-marked history of syphilis, while in the second one it is doubtful, though the fact that the man had facial paralysis is possibly suggestive of an old syphilitic infection. Virchow opposes the view that the joint disease occasionally found in tabetic subjects is a *special* arthropathy different from all other joint affections. He has no doubt at all that the usual causes of joint affection—mechanical and thermal causes—are sufficient to explain the disease. In his opinion, a large proportion of cases assumed to be tabetic were plainly syphilitic, and there is no doubt that arthritis deformans is the disease to be kept the most in mind. In the description of syphilitic affections of the joints given by Berkeley Hill and Arthur Cooper in the second edition of

[1] *Brit. Med. Journ.*, 1886, vol. ii., p. 168.

their work on *Syphilis*, the extensive and painless dislocations so characteristic of the affection in locomotor ataxy are not mentioned at all as occurring even in *tertiary* affections, and the joint is described as fixed, contracted, or much limited in its movements. The temperature, too, is often raised, as pointed out by Dr. Duffin.[1]

Health-Resorts in the West of England and South Wales.

VII.

BATH.

BY

A. B. BRABAZON, M.D.,

Senior Physician, Royal Mineral Water Hospital, Bath; Medical Officer of Health.

BATH, with a latitude of 51 deg. 23 min., and a longitude of 2 deg. 22 min., is 105 miles distant from London.

To the traveller as he journeys along the Great Western Iron Road to Bristol, Plymouth, or to places on the rugged Cornish coast, Bath presents a spectacle unique of its kind. Leaving behind him Chippenham, Box, with its famous tunnel, Bathford and Bathampton on the right, he speedily approaches the city. The railway, from Bathampton onward, runs along a very beautiful valley, nearly parallel with the river Avon. On his right may be seen the city, with its series of terraces of white stone houses rising one above the other,

[1] *Clin. Trans.*, 1869, p. 81.

almost reaching to the breezy heights of Lansdown, culminating at Beckford's Tower, at an altitude of over 750 feet above sea level, and presenting an appearance which reminds one more of some northern Italian town than of any ordinary English town—ancient or modern.

On the left of the train speeding westwards from the village of Bathampton, may be seen Hampton and Claverton Downs, Sham Castle, Combe Down, Prior Park —famous as the former country residence of Ralph Allen, now a flourishing Roman Catholic College—Beechen Cliff, and the rapidly increasing district including Lyncombe and Widcombe, extending beyond the New Wells Road and Oldfield Park almost to Twerton.

I have travelled through many lands, and visited many health-resorts, but in none have I found so many advantages, and so few disadvantages, as in the "Queen of the West," whether regarded as a place for residence, or as a temporary resort for invalids.

The climate of Bath, generally speaking, is mild, and as to equability, neither better nor worse than that of other English health-resorts; but owing to the varieties of aspect and position of houses, a larger choice than usual can be made of residences suitable to most forms of disease and to most constitutions.

Sanitary Conditions.—The population of Bath, according to the last census, was 51,843. This may be taken as the resident or normal population of the "borough"; but there is a large accidental population, probably of 10,000 annually, composed of visitors who come either for baths or from curiosity to see a city which has outlived the fall of the Roman Empire as well as the various periods of decadence which has fallen upon her in mediæval and modern times. She now seems, however, in a fair way to

assert her ancient dignity, not only as a health-resort, but as a residential city.

Water Supply.—The water supply of Bath is plentiful in quantity, and excellent in quality, slightly hard, but not in any way injuriously so. The source is from springs situated among the hills on the north and north-east of the city. There is always a large storage in reservoirs. There is now a constant supply of about 25 gallons per head daily.

The sewerage and house drainage of the city have always been under close observation, and all complaints are at once attended to; the old ashlar system of drains has been replaced by modern stoneware pipes. The house drainage is carried into the main sewers with proper intercepting traps to prevent sewer gas entering the houses. The large and never-failing water supply ensures the complete flushing of drains and sewers, and the latter are ventilated to prevent gas pressure. During the summer and autumn months the sewers are kept constantly flushed with disinfectants.

Annual Mortality, from all Causes.—The annual mortality of a health-resort such as Bath, which is not merely a summer or autumn resort, but is frequented by invalids at all seasons, must naturally be somewhat high, and seems in this respect to compare unfavourably with that of other places, but the peculiar conditions of Bath easily account for the fact. Firstly, as I have stated, because Bath is not a *season* resort; it is an "all the year round" place for invalids. Secondly, as I have shown elsewhere, the proportion of inhabitants over 60 years of age is excessive as compared with other towns; and though longevity in Bath is remarkable, it is somewhat counteracted by the number of people "born to Bath" at an

advanced age. For the year 1891, 45 deaths were registered of persons between the ages of 60 and 80, and 95 of persons over 80. Of these, one was a centenarian, and very many were over 90. Excluding deaths in public institutions, the average quinquennial mortality from all causes, for the period ending 1891, may be fairly estimated at 16.0 per 1,000.

Zymotic Mortality.—The crucial test of sanitary conditions is the mortality from infectious or zymotic diseases. The average for the last five years, including 1891, is 0·4 per 1,000 annually.

These statistics, taken from the annual report of the Medical Officer of Health, speak for themselves, and need no further remark.

The small mortality is doubtless due to the existence of an Infectious Diseases Hospital, and compulsory notification. All notified cases in which isolation at home is impossible are at once removed and properly treated.

Recently there appeared in a well-known and widely-circulated weekly paper some rather caustic remarks on the "Plague Spots of England," among which unfortunate Bath has been specially referred to, on the particular grounds of the condition of the river Avon, into which the sewage of the city is discharged. There is, unhappily, no denying the fact of the sewage discharge, nor is there, in the mind of any man of common sense, a doubt as to the expediency, or, indeed, the sanitary necessity, of taking the sewage out of the river; but to carry out any scheme for this purpose the plan, to be effectual, must be adopted from the fountain-head to the final discharge of the river into the sea at Bristol. To take the sewage of Bath out of the river

would be perfectly useless, in a sanitary point of view, so long as the sewage and other pollutions from the towns and cities higher up continue to be discharged into the river.

It is possible that the County Councils may in some way combine to prevent river pollution in their several districts, but that measure would require considerable consideration, and probably new legal enactments, before it could be carried into effect. Meantime, while fully acknowledging the dangers which may arise to public health by the fact of sewage discharged into a river, yet it must be remembered that there is an entirely independent water supply, and that the inhabitants of Bath do not drink the river water. If Bath is to be pronounced a plague-spot because sewage finds its way into the river, it is greatly to be feared there are many plague-spots in England, particularly where the polluted river water is drunk.

In any case, the fact has not so far much influenced the zymotic death-rate, which is infinitesimally small, though, of course, this fact is not to be used as an argument to leave matters alone. A special committee has been appointed and is now considering the most effectual means of removing any unpleasant conditions, and also the solution of a question involving an enormous expenditure of money and attended with many serious difficulties.

The Baths of Bath, Ancient and Modern.—The history of the Roman Baths has been written many times and oft in eloquent and classical language—so much so, that it is quite unnecessary to refer to the subject in a brief descriptive paper such as is now presented to the readers of this *Journal;* but nevertheless it is impossible to be insensible to the wonderful contrast between past and

present which comes home to the mind of the visitor as he gazes on the Roman Baths over 2,000 years old, and sees lying scattered about in confusion masses of carved stone and brickwork which have successfully withstood the ravages of time, and are in as good and sound condition as on the day when they were cemented by some composition more binding than that of any modern invention; or examines the leaden pipes used to convey the *aquæ sulis* to the different baths, roughly moulded, no doubt, but still sound as ever, and, judging from the weight, composed of purer metal than that used at the present time. Yet a few yards farther, and he is within the precincts of a building recently constructed with the object of supplying every kind of bath in the best form that is obtainable by modern mechanical ingenuity, or known to modern balneological science. Doubtless these various forms of baths and modes of application of thermal waters have been copied in a great measure from Aix-les-Bains and other continental spas, but it is equally true that considerable improvements have been adopted in the modern baths of Bath which have made them second to none and superior to most of their foreign competitors.

A description of the different kinds of baths and the *modus operandi* suitable to the many and various forms of disease treated therewith would occupy too much space, but a brief survey of the bathing statistics may be interesting, as proving what has been the effect of adopting modern improvements, based on scientific grounds.

For a variety of interesting information, taken from the carefully kept records of this great bathing institution, I am indebted to the kindness of Mr. Johnston, the able superintendent of the baths. The following list

of the various kinds of baths and appliances for utilisation of the thermal water generally adopted may prove of some interest; viz., deep and reclining baths, swimming baths, Aix (massage and douche), thermal vapour baths, needle douche, Scottish douche, pulverised water and inhalation rooms, medicated baths, sitz baths, Siegle spray, the bouillon and umbrella bath.

The thermal water flows from three different springs, having the same constituents, and yielding daily 507,600 gallons. They emerge from the ground at 118° to 120° Fahr. The temperature of the water in the baths is reduced by mixing with the mineral water from the large Roman Bath now exposed to view. The baths are vested in the Corporation, who have recently expended upon them upwards of £40,000. The statistics show that these modern baths are increasingly popular. The average number of baths taken during the three years ending March, 1892, was 98,537. In balneological language these mineral waters would be described as alkaline-chalybeate. An analysis by Mr. Charles Ekin shows that the water has the following number of grains of solid constituents in each gallon:

	Grains per gallon.		Grains per gallon.
Calcium	28.1449	Ammonia	0.0175
Magnesium	3.6569	Nitrogen as Nitrates	0.0035
Iron	0.84	Nitrites	Absent
Potassium	2.154	Arsenic	Traces
Sodium	9.42	Aluminium	Traces
Silica	2.5012	Lithium	Traces
Sulphuric Acid	74.2915	Strontium	Traces
Chlorine	19.391		
Carbonic Acid combined	6.16	Total Solids	165.2

Royal Mineral Water Hospital.—Any reference to the Bath mineral waters would be very incomplete without mention of the Royal Mineral Water Hospital. This noble charitable institution was opened more than 150

years ago. A new wing was added in 1861. The number of beds at present provided is 171, accommodating 101 males and 70 females. The charity was incorporated under an Act of Parliament in 1739. The hospital is available to inhabitants of England, Ireland, Scotland, and Wales. No recommendation from subscriber or governor is necessary. All that is required is that the case be one for which the mineral baths and waters would be suitable, and that the pecuniary circumstances would not admit of a residence in Bath while under such treatment. The hospital is undoubtedly the finest school in the world for the study of gout, rheumatism, and their congeners in every form and variety. During the year ending May 1st, 1892, 1293 patients were admitted and 1288 were discharged. Some were cured, and all were more or less benefited by the treatment. The medical staff consists of three physicians and three surgeons, and the resident house physician. The executive staff consists of the registrar and assistant-registrar, and matron. There is also a chaplain attached to the hospital.

The Bather's Life and Amusements.—All English resorts are severely handicapped in comparison with similar resorts on the Continent. Our insular position necessarily produces an uncertainty of climate even in summer. Nor can we boast of the beautiful scenery, enriched by mountain and lake, which surrounds many of the continental spas. The Bath season proper is supposed to extend from November to May—therefore during the worst part of the year; but the continental bathing season has the advantage of the most enjoyable part of the year, and invalids can largely enjoy not only the out-door beauties of Nature, but also the various

artificial means of amusement which our continental neighbours know so well how to supply.

The invalids who resort to Bath may be divided into three classes. In the first are those who are fairly capable of enjoying life, with certain restrictions. In the second class are the invalids who, from various causes, are under strict medical *surveillance*, and cannot play fast and loose either with their complaint or with their medical adviser. In the third class are those who, having tried all remedies and all places in vain, or with very partial success, wind up with Bath as a *dernier ressort*. Possibly, in such cases, the professional adviser occasionally feels the application of the old saying when he advises his worn-out patient to "Go to Bath."

The city is fairly well supplied with public amusements, and these generally of the best kind to be had outside the Metropolis. The very pretty theatre is open all through the season, and is admirably managed by Mr. Hartree; and there is a constant succession of performances, varied in character, and carried out by thoroughly good companies. There are balls, concerts, and entertainments of various kinds at the Assembly Rooms during the winter season. Concerts, vocal and instrumental, are given daily at the Pump Room. The Bath and County Club is considered one of the best provincial clubs in England. For those of a literary fancy there is the Royal Literary and Scientific Institution, close to the Pump Room, in connection with which is a splendid Museum of Roman Remains and Geological Specimens; and a Library, containing about 5,000 volumes of valuable works, with a large Reading Room, in which will be found the daily papers and principal periodicals. The Athenæum is also a favourite literary resort, well

supplied with papers and periodicals, and having a good Circulating Library. During the summer months the City Band performs twice a day, either at the Victoria Park, Sydney Gardens, or Literary Institute Gardens. There is a very good Golf Link and Club. There are Tennis Clubs, cricket, and boating on the Avon for about five miles up the river to Bradford or downwards from below Twerton to Keynsham. To the antiquarian, the geologist, and the botanist, Bath and its neighbourhood afford unbounded opportunities for study and research.

The climate of Bath is comparatively mild and equable, though, like that of all other English winter resorts, it is subject to considerable variation. Westerly winds are the most prevalent.

I give a summary of meteorological observations made at the Bath Royal Literary and Scientific Institution, and of the averages for twenty years ending 1890. This has been kindly supplied me by Mr. Henry Mitchell, Librarian.

Estimated height above Sea Level. Barometer, 101 feet. Thermometer (verified at Greenwich), 71 feet. Rain Gauge (8 feet from the ground), 75 feet.

BAROMETER—	
Mean at 9 a.m. corrected to Temp. 32° and Sea Level	29.973 inches.
Absolute Maximum corrected	30.436 ,,
Absolute Minimum corrected	29.325 ,,
Range	1.111 ,,
MEAN CALCULATED FROM 9 A.M. OBSERVATION—	
Temperature of the Air	50.1°
Dew point	44.8°
Relative Humidity (Saturation 100)	83
SELF-REGISTERING THERMOMETERS—	
Mean of Maxima	56.7°
Mean of Minima	43.7°
Mean Daily Range	12.9°
RAIN—	
Rain and Snow	31.802 inches.
Number of Days on which .01 in. or more fell.	163

Bath has always been remarkable for educational advantages, and never more so than at the present time. Schools are numerous and excellent, and amongst them may be specially mentioned the Bath College, the High School for Girls, and the Grammar School.

Hotels and private lodgings are numerous and excellent, and as a rule the proprietors are well educated and experienced in the art of making invalids comfortable.

During May and June the city looks its best, and the surrounding country is perfectly lovely, particularly while the foliage presents that beautiful light green which is, alas! of too short duration, and soon deepens into that "emerald green" for which our *not yet* disunited sister country is famous.

THE EARLY HISTORY OF THE BRISTOL MEDICAL SCHOOL.

BY

AUGUSTIN PRICHARD, F.R.C.S. Eng.,

Consulting Surgeon to the Bristol Royal Infirmary.

THE formal opening of the handsome new wing of University College, assigned to the Bristol Medical School, and so successfully inaugurated on the 16th of November by Sir Andrew Clark, the distinguished President of the Royal College of Physicians, is not only a fitting occasion for a past history of the school, but seems to demand a record of its work and workers in the earlier part of its life. The following notice, which deals mainly with facts and dates, may be relied on as an accurate account of the school from its first starting into existence in 1832, down to comparatively recent times—that is, for about forty years.

The first prospectus of the Bristol Medical School was issued in 1832, with a preface of some length and somewhat apologetic in tone, setting forth the reasons for establishing provincial medical schools and the advantages of having

one in Bristol, which should associate together the several teachers giving independent courses of lectures.

The preface begins thus: "A few years ago it would have been necessary to have supported the announcement of a Provincial Medical School by a series of arguments tending to prove the possibility of obtaining, beyond the walls of the Metropolis, the professional knowledge requisite for the education of students. Happily the necessity for such a demonstration no longer exists;" and stress is laid on the fact that "the whole curriculum of study, both theoretical and practical, prescribed by the Society of Apothecaries[1] may be completed in this city, without repairing to London, except for the purpose of undergoing examination," and that only six months' residence in the Metropolis is necessary before appearing at the College of Surgeons, adding that "the student can have no excuse for neglecting to increase his stores of general knowledge in a place possessed of such valuable sources of information as the Literary and Philosophical Institution, the City Library and the College.[2]" If this was true at that time, we may well ask, What possible excuses for ignorance can be made by any student of the present day with the vastly enlarged facilities for learning which he now possesses? And what increased zeal and energy in teaching must inspire the lecturers who are privileged to lecture with surroundings so convenient, so comfortable, and almost luxurious by comparison!

In the early part of the century many courses of lectures on medical subjects were given in Bristol. In 1814 Dr. J. C. Prichard gave a course on physiology, pathology, and the practice of medicine, at his house in College Green, in which at that time there were no shops. A vine then ran up the front of the house as far as the drawing-room windows. Mr. Bowles and Mr. Shute, two of the surgeons to the Infirmary, and afterwards Dr. Wallis, one of the physicians, gave lectures on anatomy, and held the licence for this purpose; he carried on his dissections in the dead-house of the Infirmary; and later on dissecting rooms were opened by Dr. Riley in Lower College Green, and by Mr. Henry Clark at the back of his house in King Square. The difficulties under which practical anatomy was taught and learned in those days were well known by the exciting narratives of the perilous adven-

[1] The establishment of a fixed curriculum of medical study, and the great improvement in medical education which followed, were principally due to the Society of Apothecaries.

[2] The old Bristol College, in Park Row, where the Synagogue now stands.

tures our immediate predecessors went through. I have seen in the possession of one of these former teachers of anatomy a huge labelled bunch of large keys by which he could have access to any churchyard in Bristol or its immediate neighbourhood. These anatomical lectures were recognised by the authorities in London as early as 1818. In 1816, Mr. Rolfe, formerly Assistant Surgeon to Dr. Thynne, of the Westminster Lying-in Hospital, gave lectures on "The Principles and Practice of Midwifery, illustrated by an ingenious machine and apparatus contrived for the purpose." Mr. Herapath also gave courses upon chemistry.

This is a copy of the first prospectus:

	TIME.	TERMS.	
		Single Course.	Unlimited
		£ s.	£ s.
Anatomy and Physiology, by H. Riley, M.D., Physician to St. Peter's Hospital, and Mr. H. Clark, M.R.C.S.	From October to April.	4 4	8 8
Principles and Practice of Surgery, by Mr. Hetling, Surgeon to the Bristol Infirmary	December to June.	3 3	5 5
Chemistry, by Mr. Wm. Herapath ...	November to April.	3 3	6 6
Materia Medica and Therapeutics, by Mr. G. D. Fripp, M.R.C.S., Surgeon to the Bristol General Hospital	January to April.	3 3	5 5
Theory and Practice of Medicine, by H. Riley, M.D., &c.	April to June.	3 3	5 5
Midwifery and Diseases of Women and Children, by Mr. J. C. Swayne, M.R.C.S., Senior Consulting Accoucheur to the Bristol Dispensary	January to April.	3 3	5 5
Forensic Medicine, by J. A. Symonds, M.D., Physician to the Bristol General Hospital ... ... Chemical Toxicology, by Mr. Wm. Herapath	April to June.	3 3	5 5
Anatomical Demonstrations, by H. Riley, M.D., and Mr. H. Clark	November to April.	3 3	6 6
Botany, by Mr. S. Rootsey, F.L.S. ...	April to June.	3 3	5 5

The hours for the various lectures will be so arranged as not to interfere with each other.

This first rank of Medical School lecturers has all passed away—one of them, Dr. George Downing Fripp, at a very advanced age, only a few months ago; and it is but right that a few lines should be written about each of these men, who initiated here a work of so much public importance, and made the way comparatively easy for their numerous successors.

Dr. RILEY, who was very like a Frenchman in appearance and manners, received his chief medical education in Paris, where the late Dr. C. J. B. Williams, whose interesting memoirs were published a few years ago, met him in 1825. He was an excellent anatomist and physiologist, fond of comparative anatomy, and a very zealous and hard-working member of the first body of lecturers. He undertook, with Mr. Clark, the two courses of anatomy and physiology, and the anatomical demonstrations, which meant for each of them a lecture every day from October to April; and besides this, Dr. Riley gave the entire course on the theory and practice of medicine. He also gave, independently of the Medical School, several courses of popular lectures on the contents of the Museum of the old Philosophical Institution at the bottom of Park Street, forming a regular series on comparative anatomy; and these lectures were very well attended, the spacious and comfortable theatre of the institution being generally crowded. The men and the women of the present day are, as a rule, no better acquainted with anatomy and physiology than they were in those days, notwithstanding the expanse and advance in educational matters; and yet it is questionable whether a lecturer on such subjects could now collect so large and appreciative an audience. These lectures having been given for the benefit of the institution, resulted in a contribution of £174 to its funds. Dr. Riley was Physician to St. Peter's Hospital, at that time a regular hospital for medical and surgical cases; and the position was to him, as it had been to many others, the stepping-stone towards the coveted appointment of Physician to the Infirmary. He resigned his lectureship at the Medical School in 1846, in consequence of failing health. He married the daughter of Henry Daniel, who was one of the Surgeons to the Infirmary from 1810 to 1836.

Mr. HENRY CLARK, who shares with Dr. Riley the principal credit of establishing our school, and who has been mentioned before as having opened private dissecting rooms near his house, lived for a considerable time at the bottom of King Square. He was of a Bristol family, and a surgeon in ordinary practice: but he had more than the ordinary love for his profession; he desired to improve it, and had a laudable ambi-

tion to climb to the top of the tree. He was a good man of business and organiser, and worked hard. He was elected Surgeon to the Infirmary in 1843, and was in one of the early batches of Honorary Fellows of the College of Surgeons shortly after the institution of the Fellowship. Mr. Clark was one of the most strenuous supporters of the Medical School, and had a long connection with it: for he lectured on anatomy and physiology from 1832 to 1839, on descriptive and surgical anatomy (called "anatomical demonstrations" in the earlier prospectuses) from 1832 to 1835, and gave half the surgical course from 1835 to 1860. When he retired from his share in the lectures on anatomy and physiology, Dr. William B. Carpenter became Dr. Riley's colleague, taking the physiological part of the course. Mr. Clark died in 1861 at the comparatively early age of 59, having accomplished much useful and successful work. One of his brothers, the Rev. Joseph Clark, survives him.

Mr. WILLIAM HETLING gave two courses of lectures upon surgery. He was Surgeon to the Infirmary from 1807 to 1837.

Mr. WILLIAM HERAPATH, who undertook the lectureship on chemistry as well as the toxicological part of the course on forensic medicine, was one of the best chemists of his day; his lectures were very interesting and instructive, and fully illustrated by experiments. He was much consulted in cases of suspected poison and for analytical purposes, and gave important evidence in the case of Palmer, the Rugeley poisoner; he discovered arsenic in the stomach of a Mrs. Smith,[1] who had been buried for more than a year in St. Augustine's Churchyard in this city; for which murder Mrs. Burdock, her former landlady, was hanged shortly afterwards. Mr. Herapath made very few, if any, contributions to chemical literature. He was, in addition to his professional work as chemist, a busy public man, a member of the Town Council, an ardent politician, and an extreme Radical.

Dr. GEORGE DOWNING FRIPP'S first connection with the Bristol Medical School was in the capacity of lecturer on materia medica and therapeutics, which chair he occupied until 1835, when he resigned in favour of Dr. James Bernard and joined Mr. Clark in the surgical lectures until 1840. In 1844 he was chosen lecturer on anatomy and physiology with Dr. Riley, succeeding to the share of that course which had been given by W. B. Carpenter since 1840; and after two

[1] A preparation of this stomach, showing deposits of yellow arsenic on the mucous membrane, was and probably is still to be seen in the Medical School Museum.

years he made a further change, upon Dr. Symonds's retirement from the school in 1846, and became lecturer on the theory and practice of medicine conjointly with Dr. Budd, finally retiring from the School altogether and leaving Bristol in 1849, having taken a share of four different courses of lectures. He was one of the family of that name so well known locally; and like the rest of them, he had a larger share of artistic and musical talent than falls to the lot of most of us. He designed the die which has been used ever since as the seal or arms of the school, representing Æsculapius

and Hygeia, with the city arms. At its first formation he was Surgeon to the General Hospital in Guinea Street, and held the office of honorary secretary and treasurer to the school until 1840, when he was replaced by Dr. Carpenter.

Mr. JOHN C. SWAYNE, one of a family that had many medical members, began the lectures on midwifery when the school opened in 1832, giving a three months' course; and he continued until 1850, being assisted from 1837 to 1845 by George Hetling, son of Mr. Hetling who had lectured on surgery, and for five years from 1845 by his son Dr. Joseph G. Swayne, who the year before had given part of the course on descriptive and surgical anatomy, and who succeeding to the entire midwifery chair on his father's retirement in 1850, continues one of the lecturers on the same subject to the present date,

that is, for a period of forty-seven years. Mr. Swayne lived at that time in the corner house of St. James's Barton, near St. James's Square, in the house formerly inhabited by Cottle, the poet, who was ridiculed by Lord Byron. Mr. Swayne afterwards moved into Berkeley Square; and before long retired from practice, and went to live in the country, where he died in 1852. He had large experience in the department of medicine which he taught, and was Senior Consulting Accoucheur to the Bristol Dispensary, which meant that he was liable to be called to all the difficult cases by the midwives who had charge of them.

Dr. JOHN ADDINGTON SYMONDS, our first lecturer on forensic medicine, came to Bristol in 1831, and was only in his twenty-fifth year when he joined the Medical School; he was the first Physician to the Bristol General Hospital, which had just been established in two little houses at the end of Guinea Street. The very great probability, if not the certain promise, of this appointment formed one of the principal inducements to Dr. Symonds to settle at Bristol, where he first of all lived in lodgings in College Green. He had for the two or three previous years, immediately after graduating in Edinburgh, been practising at Oxford, assisting his father, a well-known surgeon there. Dr. Symonds gave this course of lectures in the summer season until 1836, when he was succeeded by Dr. William B. Carpenter, one of a family well known in Bristol, where he had served the usual five years' apprenticeship under Mr. Estlin, and had been pupil at the Infirmary, and one in the first list of students of the school, passing the College of Surgeons' examination in 1835. He was the eldest of three brothers of Mary Carpenter, and, like Dr. Riley, he contributed largely to the funds of the Philosophical Institution by his lectures on scientific subjects, chiefly on physiology. Dr. Symonds then undertook, in conjunction with Dr. James Bernard, the two courses of the theory and practice of medicine, and materia medica and therapeutics, giving one-half of each until 1840, when he gave up the latter part of the work, retaining his share of the lectures on medicine with the same colleague, Dr. Bernard, who retired in 1845, making a place for Dr. William Budd. Dr. Symonds himself finally withdrew from his work at the school in 1846, to be succeeded in his half of the course, as has been already noticed, by Dr. G. D. Fripp. Dr. Symonds was a typical physician of what might now perhaps be considered the old school. Skilful in the diagnosis and treatment of disease, he was also sympathetic and careful and kind; he restricted himself conscientiously to medical cases, was courteous to the

practitioners whom he met in consultation, dignified in manner, very clever in the general as distinct from the medical management of his patients, and successful. Although not physically strong, he got through a great deal of work; and being an early riser, he found time for writing many excellent and learned treatises and essays on medical and other subjects; and as he had a great and refined taste, and love for the fine arts of all kinds, as well as the style of a highly educated and accomplished man, his works, both medical and others, were always very acceptable and fully appreciated. He died, full of honour, February 25th, 1871, aged 64.

Mr. Samuel Rootsey, Fellow of the Linnæan Society, was the botanical lecturer. He was an excellent botanist, very thoroughly acquainted with the local flora; so that, in the excursions which formed part of the course, he could always lead his class to the place where the plants, some of them very rare, were to be found. He taught according to the old Linnæan system; for the description of the natural orders had not been universally adopted, although a knowledge of them was expected by the examining board of the Apothecaries' Company. I think it is much to be regretted that botany is no longer a necessary subject which students are obliged to attend; for it is one closely allied to medicine. Mr. Rootsey was a good chemist and linguist, and an educated man, but very peculiar, like a philosopher as described in old story-books. He had at one time a chemist's shop in North Street, and had many of his bottles of tinctures labelled in Greek characters; but as he preferred wandering about the country, botanising and geologising, to the dispensing of medicines, he was perpetually in money difficulties; and imprisonment for debt being the law at the time, he served more than one term at the old gaol on the New Cut, where he was visited by his friends, who found him always cheerful and happy, apparently not recognising his awkward position. On one occasion he told a visitor that he had discovered an easy plan for paying off the national debt, not troubling to think that he ought to pay his own; his plan was to plant the ocean with some floating seaweed which he named, and to grow corn and other profitable plants upon this new soil. He was very fond of queer etymologies and peculiar explanations of his own imagining, and would sometimes wander about the subject of his lecture in an abstracted way, so that his pupils were not always the quiet and orderly set of listeners they ought to have been. He retained the lectureship until 1854, the physiological part of the course being given by

Dr. W. B. Carpenter, Mr. Thwaites (afterwards of Ceylon), and Dr. Brittan in succession; he was followed in the chair by Mr. Etheridge, and died in poverty in Portland Square at a great age. [1]

These were the first lecturers, and the credit of having founded the school and established it on a fairly firm basis—for such it turned out to be, notwithstanding some periods of great difficulty and discouragement—is entirely due to them; but besides these, and a few others whose names have been already mentioned as the immediate successors to the lectureships, there are some who ought to be mentioned specially, and independently of the complete list introduced further on for the sake of future reference.

George Hetling gave the descriptive and surgical anatomy course for two years, and then lectured on midwifery with Mr. Swayne for seven years, and on physiology for one year. He was the son of Mr. Hetling, who gave the first surgical lectures; he practised in Clifton, and was surgeon to the gaol. He was fond of scientific matters; but he rather abruptly turned his back on his profession, and took clerical orders. He is still living and well, at a very advanced age.

John Colthurst, surgeon, a good anatomist and painstaking lecturer, with much skill in dissecting and demonstration and making anatomical preparations, had lectured in Orchard Street for a year or two before joining the Bristol Medical School in 1837; he gave the lectures on descriptive and surgical anatomy for seven years, being joined in 1843 by myself. He retired from practice long ago, and is still living at Chew Magna.

Dr. Kay lectured on forensic medicine from 1837 to 1854.

Thomas Green, Surgeon to the Infirmary, lectured on surgery with Mr. Clark for seven years from 1840. He died in 1878 at the age of 77.

Augustin Prichard, Consulting Surgeon to the Infirmary, began to lecture on descriptive and surgical anatomy in 1843, continuing the course of 140 lectures, with or without a colleague for eleven years, giving up half the course in 1849, and taking half the course on surgery with Mr. H. Clark up to 1861, and the whole course until 1864, when he retired.

Joseph Griffiths Swayne began in 1844 by lecturing on anatomy for one year, and then joined his father as lecturer on midwifery until 1850, since which time he has continued the course; *i.e.*, for forty-seven years. He is Consulting Physician-Accoucheur to the Bristol General Hospital.

[1] In 1811 Mr. Rootsey published a book on Music, and in 1815 a work on Pharmacy.

WILLIAM BUDD, one of the cleverest of the well-known medical family of Devonshire Budds, joined the school as conjoint lecturer with Dr. Symonds in 1845, and continued to occupy the post for ten years. He was Physician to the Infirmary and died at Clevedon in 1879.

CHARLES GREIG, formerly House-Surgeon to the Infirmary, lectured on surgery with Mr. Clark for two years from 1847 to 1849.

FREDERICK BRITTAN, Physician to the Infirmary, was connected with the school from 1848 to 1868, and during that time he lectured on physiology, and vegetable physiology as part of the botanical course, on descriptive and surgical anatomy, and on medicine, the latter subject for thirteen years. He died suddenly in London last year.

CROSBY LEONARD, Surgeon to the Infirmary, lectured on anatomy for ten years from 1854, and then on surgery for seven years, when he resigned his connection with the school. He died in 1879 at the early age of fifty-one.

R. W. COE, Consulting Surgeon to the General Hospital, lectured on physiology in 1854, on descriptive and surgical anatomy from 1855 to 1864, and on surgery from 1864 to 1879.

EDWARD LONG FOX, Consulting Physician to the Infirmary, lectured on medicine from 1869 to 1875, and the various courses were afterwards carried on by Mr. Etheridge, Mr. Michell Clarke, Dr. Burder, Dr. T. E. Clark, Dr. Henry Fripp, Dr. Marshall, Dr. Leipner, Mr. Lansdown, Dr. Beddoe, Mr. Coomber, Mr. Tibbits, Mr. Atchley, Mr. Steele, and Mr. Board, until about the year 1870.

The subjoined lists, which may serve for future reference, are of much interest as showing the names of the lecturers and the different courses of lectures they gave, with the dates of their appointment and resignation.

Descriptive and Surgical Anatomy.

Dr. Riley	1832 - 1835
Mr. H. Clark	1832 - 1835
Mr. George Hetling ...	1835 - 1837
Mr. Jno. Colthurst ...	1837 - 1844
Mr. Aug. Prichard ...	1843 - 1854
Mr. J. G. Swayne ...	1844 - 1845
Mr. S. H. Swayne ...	1849 - 1851
Mr. J. C. Neild	1851 - 1853
Dr. Brittan	1854 - 1855
Mr. Crosby Leonard...	1854 - 1864
Mr. R. W. Coe	1855 - 1864
Mr. Lansdown	1864 - 1872
Mr. T. E. Clark	1864 - 1868
Mr. Tibbits	1868 - 1872

Theory and Practice of Surgery.

Mr. Wm. Hetling ...	1832 - 1833
Mr. H. Clark*	1835 - 1861
Mr. G. D. Fripp... ...	1835 - 1840
Mr. Green	1840 - 1847
Mr. Greig	1847 - 1849
Mr. Prichard	1849 - 1864
Mr. Coe	1864 - 1878
Mr. Leonard	1864 - 1868
Mr. T. E. Clark	1868 - 1869
Mr. Leonard	1869 - 1872

* No course was delivered in 1834.

General Anatomy and Physiology.

Dr. Riley	1832 - 1847
Mr. H. Clark	1832 - 1840
Dr. W. B. Carpenter...	1840 - 1844
Dr. G. D. Fripp... ...	1844 - 1847
Mr. Geo. Hetling ...	1847 - 1848
Dr. Nicholson	1847 - 1848
Dr. Brittan	1848 - 1855
Mr. Coe	1853 - 1855
Dr. Martyn	1855 - 1868
Dr. H. Fripp	1857 - 1869
Dr. Beddoe	1868 - 1869
Mr. Atchley...	1869 - 1878
Mr. Steele	1869 - 1872

Midwifery and the Diseases of Women and Children.

Mr. John C. Swayne...	1832 - 1850
Mr. Geo. Hetling ...	1837 - 1845
Dr. J. G. Swayne ...	1845

Forensic Medicine.

Dr. Symonds	1832 - 1836
Dr. W. B. Carpenter...	1836 - 1837
Dr. Kay	1837 - 1854
Dr. Martyn	1854 - 1856
Mr. Michell Clarke ...	1856 - 1863
Dr. Marshall	1863 - 1872

Chemical Toxicology.

Mr. Wm. Herapath ...	1832 - 1867

Chemistry and Practical Chemistry.

Mr. Herapath	1832 - 1867
Mr. Coomber	1868

Materia Medica and Therapeutics.

Dr. G. D. Fripp... ...	1832 - 1835
Dr. Jas. Bernard ...	1835 - 1843
Dr. Symonds	1835 - 1840
Mr. Staples...	1843 - 1852
Dr. Fairbrother	1843 - 1848
Dr. Stanton	1852 - 1856
Dr. Burder	1856 - 1879

Theory and Practice of Medicine.

Dr. Riley	1832 - 1836
Dr. Symonds	1836 - 1846
Dr. J. Bernard	1836 - 1845
Dr. Wm. Budd	1845 - 1855
Dr. G. D. Fripp... ...	1846 - 1849
Dr. Stanton	1849 - 1856
Dr. Brittan	1855 - 1869
Dr. Martyn	1868 - 1876
Dr. Fox	1869 - 1874

Botany and Vegetable Physiology.

Mr. Rootsey	1832 - 1854
Mr. Etheridge	1854 - 1857
Mr. T. E. Clark ...	1857 - 1864
Dr. Leipner	1864 - 1892

Vegetable Physiology.

Dr. W. B. Carpenter .	1840 - 1844
Mr. Thwaites	1847 - 1849
Mr. Brittan	1849 - 1854

The following is a list of the Honorary Secretaries to the School for the first forty years of its existence:—

Mr. G. D. Fripp ...	1832 - 1840
Dr. W. B. Carpenter .	1840 - 1844
Mr. Augustin Prichard	1844 - 1854
Dr. Stanton	1854 - 1856
Dr. J. G. Swayne ...	1856 - 1858
Dr. H. Fripp	1858 - 1861
Dr. Burder	1861 - 1879

At the first opening of the school there was a large number of students, but as time passed on the number varied considerably; at one period the state of affairs was most unsatisfactory and unpromising, as the fees from the entry of the students very barely covered the actual expenses of the place, and those who went through the hard and unprofitable work of bygone days may well congratulate the present more

fortunate generation of teachers for having stepped at last on *terra firma*, promising to be a pleasant and successful and permanent abode. In order to render this early account of the school more complete, it will be well to name a few of the more noted among the five hundred pupils who entered during the period under consideration: W. B. Carpenter, before alluded to, Physiologist, Lecturer in Bristol and London; Tyler Smith, who afterwards became a distinguished obstetrician in London; R. M. Bernard, Surgeon to the Infirmary; H. E. Fripp, Lecturer on Physiology; W. C. Coles, well known in the Bombay Presidency; Joseph G. Swayne, Lecturer on Midwifery; Augustin Prichard, Lecturer on Anatomy and Surgery, and Surgeon to the Infirmary; Charles Highett, late Mayor of Bristol; W. Bird Herapath, F.R.S., a clever, hardworking, scientific man, who died early; Nat. Crisp, House Surgeon to the Infirmary; Crosby Leonard, Lecturer and Surgeon to the Infirmary; Henry Marshall, Consulting Surgeon to the General Hospital, and Lecturer on Forensic Medicine; F. P. Lansdown and G. F. Atchley, Surgeons to the Hospital; Berkeley Hill, son of Commissioner Hill, attended the anatomy lectures, and went to London, was Surgeon to University College Hospital, and died at an early age, not long ago; C. Maunder, Surgeon to the London Hospital; Henry Ormerod of Westbury; T. E. Clark, now Reverend; Mortimer Granville, a well-known and successful physician in London; Edwin Coathupe, our popular and efficient Chief Constable; Henry Grace of Kingswood, and his brothers, Alfred of Sodbury, E. M. of Thornbury (Gloucestershire Coroner), W. G. of universal fame, and G. F. (Fred), who died young; E. C. Board, Consulting Surgeon to the Infirmary; C. Steele, late Surgeon to the Infirmary, and Lecturer; Adolph Leipner, Professor at University College, Bristol; R. W. Tibbits, Lecturer and Surgeon to the Infirmary; L. M. Griffiths, Assistant-editor of this *Journal;* F. R. Cross, Ophthalmic Surgeon to the Infirmary; H. Waldo and J. E. Shaw, Physicians to the Infirmary; Lionel Weatherly of Portishead and Bath; and Arthur W. Prichard, Lecturer and Senior Surgeon to the Infirmary; and very many others who do not happen to hold public appointments, whose names rise up to our remembrance, and who are known to be doing us the greatest credit in the different parts of the country where they are practising.

The house in which our old school was domiciled was situated at the bottom of Old Park Hill, shut away by a large gate from the public view, and closely contiguous to an old

house then known as De Boudry's School, in Park Row, now the Certified Industrial School, and immediately behind the playground and fives courts of the old Bristol College; a place probably selected because it was obscure and out of the way, for at that period there lingered a very definite feeling among the public, especially among the poor, against dissecting rooms, which feeling had been at its height not many years before, in consequence of the disclosures at the trial of Burke and Hare for murder. Being thus relegated to this quarter away from observation, the Medical School attracted very little notice from the public, or indeed even from the profession; and the staff and committee of the Infirmary,[1] who depended on the existence of the school for their supply of dressers and clerks, turned to it the cold shoulder, and, as far as possible, declined to recognise the Infirmary as a place for education as well as for the cure of disease; and although after awhile some of the faculty found out their mistake, it was not until some of the lecturers had been elected on the Infirmary staff that proper attention was paid to this important subject. There is no doubt but that the sick are much better cared for where a hospital is thrown open for educational purposes than where students are not admitted, and probably no hospital of any size can be really well served for any length of time unless the attendance of pupils is allowed. It is to be hoped that the weighty words of Sir Andrew Clark, in his opening address, will have some salutary effect on the minds of the people of Bristol in this respect; for, as he said, it is of the greatest advantage to a city to have a Medical School in its midst, for the teachers are obliged to work to keep up to all the latest improvements, and the inhabitants have a much larger share of the benefits of their labour than the individuals who form the working staff. A suggestion may here be thrown out, for those among our citizens who may be convinced by what Sir Andrew Clark said, and willing to help in keeping up the school to its present high point of efficiency. They may contribute to the library, or to the funds of the museum, or they may offer prizes for competition, for special or general proficiency, or entrance scholarships, or make an endowment for the school, or some part of it; and there are many who are able and may be willing to assist this important object now that the matter has been thus prominently brought before the citizens, and the public are beginning to understand that the chief advantage is theirs.

[1] At that time the only recognised hospital in Bristol for the education of students.

We must add, however, that in this now despised and old habitation which has been described, very excellent and hard personal work was done. There was a good museum, to which the lecturers contributed, by themselves making and mounting the preparations required for their own lectures; and fifty years ago our students upon going to London were always credited with being first-class practical anatomists, and well up in the subject. May the present and future generations of students improve in skill and knowledge, in proportion as their handsome and convenient new abode excels the ancient home of the school!

Such was the Bristol Medical School of former days; its subsequent history must be written by other hands. The principal start that it made towards the large amount of success it has now attained dates from the foundation of the University College, and the affiliation of the school to it, a step which gave it some importance in the eyes of the public, and enabled the faculty, with the generous help of the medical profession of the city, to raise funds and erect the conspicuous, convenient, and handsome wing of the College, to be known hereafter as the Medical Wing, and appropriated entirely by the school.

There seem to be some slight signs abroad that the people of Bristol are beginning to shake off some of that lethargy in the matter of science, literature, and the arts which has been so conspicuous for the last half century, and to feel some care for things besides trade, commerce, and politics; and in producing this most desirable change, the University College and Medical School must be allowed to have had a considerable share, and will, I hope, receive a corresponding reward in their future progress.

In the evening of the same day when the new school was opened, Sir Andrew Clark presided at the annual Medical School dinner, which had expanded for this occasion to unprecedented size and importance; for besides the usual company, consisting of the Lecturers and the Medical and Surgical Staff of the Infirmary and General Hospital, and the ordinary number of students, the genial Chairman was supported by the Governors of the College, many prominent citizens and distinguished visitors, as well as by many old students of the School. All passed off in a pleasant and satisfactory way, and the inauguration day of the New Medical School may altogether be pronounced a great success. The 16th of November, 1892, when the actual incorporation of the school with the University College took place, will be a memorable and auspicious day for both institutions.

The following is the Toast List at the dinner:

"*The Queen.*"

Proposer . . . . . THE CHAIRMAN.

"*The Prince and Princess of Wales, and the rest of the Royal Family.*"

Proposer . . . . . THE CHAIRMAN.

"*The Bishop and Clergy of all Denominations.*"

Proposer . . . . . THE CHAIRMAN.
Responder . . . . . THE DEAN OF BRISTOL.

"*The Mayor and Corporation of Bristol.*"

Proposer . . . . . Mr. LEWIS FRY.
Responder . . . . . THE MAYOR OF BRISTOL.

"*Our Members of Parliament.*"

Proposer . . . . . Mr. F. R. CROSS.
Responders . . . . . { Sir JOSEPH D. WESTON, M.P. / Mr. CHARLES TOWNSEND, M.P.

"*University College, Bristol, and the Bristol Medical School.*"

Proposer . . . . . Mr. F. J. FRY.
Responders . { The Rev. Dr. PERCIVAL, Head Master of Rugby. / Professor LLOYD MORGAN, Principal of University College. / Dr. E. MARKHAM SKERRITT, Dean of the Medical School.

"*Past and Present Students.*"

Proposer . . . . . Mr. J. GREIG SMITH.
Responders . . . . . { Surgeon-Major PECK. / Dr. MORTIMER GRANVILLE. / Mr. W. M. WILLIS.

"*The Press.*"

Proposer . . . . . Mr. NELSON C. DOBSON.
Responder . Mr. ERNEST HART, Editor of the *British Medical Journal.*

"*The Visitors.*"

Proposer . . . . . Dr. R. SHINGLETON SMITH.
Responders . { The Rev. M. G. GLAZEBROOK, Head Master of Clifton College. / Mr. R. L. LEIGHTON, Head Master, Bristol Grammar School. / Mr. J. H. LOCKLEY.

"*The Chairman.*"

Proposer . . . . . Dr. E. LONG FOX.
Responder . . . . . THE CHAIRMAN.

Through the courtesy of Dr. Markham Skerritt, the Dean of the Medical School, we are enabled to add the names of the lecturers from the dates given by Mr. Prichard on to the present time:—

Descriptive and Surgical Anatomy.

Mr. E. C. Board ... 1872-1876
Mr. N. C. Dobson ... 1872-1878
Dr. H. Waldo 1876-1878
Mr. F. R. Cross 1878-1887
Mr. W. H. Harsant ... 1887-

Theory and Practice of Surgery.

Mr. R. W. Tibbits ... 1872-1878
Mr. N. C. Dobson ... 1878-
Mr. J. Greig Smith ... 1888-

Operative Surgery.

Mr. W. P. Keall 1878-1889
Mr. W. J. Penny ... 1889-1891
Mr. C. F. Pickering ... 1891-

Practical Surgery.

Mr. Arthur W. Prichard 1878-

General Anatomy and Physiology.

Dr. E. Ludlow 1872-1872
Dr. W. H. Spencer ... 1872-1874
Dr. R. Shingleton Smith 1874-1887
Mr. G. Munro Smith ... 1887-
Dr. J. Michell Clarke ... 1887-1892

Practical Physiology.

Mr. G. F. Atchley ... 1878-1892
Dr. J. Michell Clarke ... 1892-

Theory and Practice of Medicine.

Dr. W. H. Spencer ... 1874-1888
Dr. E. Markham Skerritt 1876-
Dr. R. Shingleton Smith 1888-

Pathology and Morbid Anatomy.

Dr. R. Shingleton Smith 1887-1888
Dr. Barclay J. Baron .. 1888-

Practical Pathology and Morbid Anatomy.

Dr. Barclay J. Baron .. 1887-

Forensic Medicine.

Mr. W. P. Keall 1872-1878
Dr. R. Eager 1879-
Mr. W. W. Stoddart ... 1879-1880
Dr. A. J. Harrison ... 1881-

Materia Medica and Therapeutics.

Dr. J. E. Shaw 1879-1888
Dr. A. B. Prowse ... 1888-

Midwifery and Diseases of Women.

Dr. A. E. Aust Lawrence 1879-

Public Health.

Mr. D. Davies 1879-1886
Dr. D. S. Davies ... 1886-

Comparative Anatomy.

Mr. W. J. Sollas 1879-1884
Prof. C. Lloyd Morgan 1884-

Biology.

Dr. Leipner 1892-
Prof. C. Lloyd Morgan 1892-

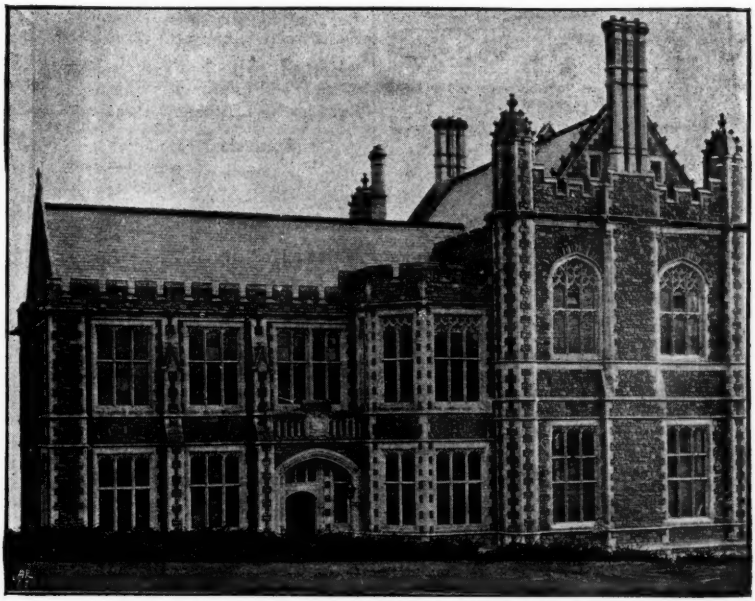
Dr. E. Markham Skerritt, who succeeded Dr. Burder as Honorary Secretary in 1879, was appointed Dean of the School in 1883, when the office of Secretary was abolished.

Mr. F. Bligh Bond, the architect of the new Medical School, has been good enough to supply us with some architectural notes concerning it[1]:—The new building, standing at

[1] The illustrations are taken from photographs by Mr. Edwin Gael, 77 White Ladies Road, Bristol.

The first view does not give the building quite to the roadway, on account of the height of the hedge of the Grammar School playground from which the photograph was taken. The second view represents not only the front of the building, but also the sides of the Library and Museum.

the extreme lower angle of the University grounds, will, when the whole scheme is completed, form a wing of the great front, detached from the main block by a narrow space only, and square with the rest. The front is for that purpose broken



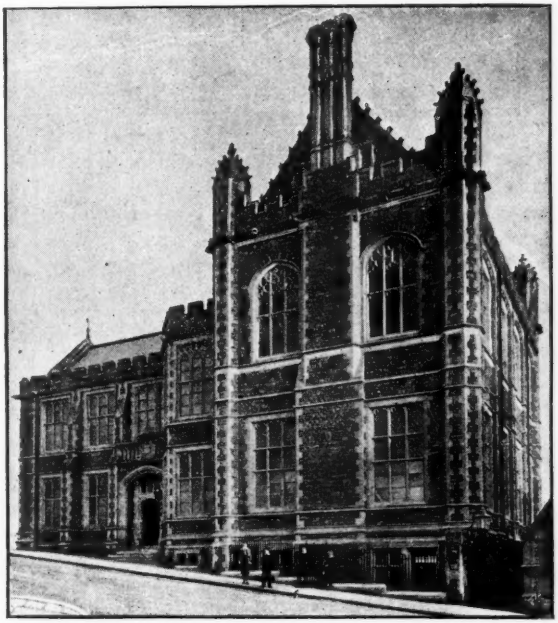
back in a series of parallel faces, an arrangement necessitated by the curve in the road.

The previously existing portions of the University College permanent building were erected from 1879 to 1883 under the superintendence of the late Mr. Charles Hansom, with whom Mr. Bond was in partnership until his death in 1888; but, being intended for back portions only (*i.e.* the back and one side of the future quadrangle), they do not show to great advantage, being somewhat severe in their outline.

The new building has received a careful architectural treatment, befitting its more conspicuous position. In it are reproduced some of the more essential features of the style

adopted by Mr. Hansom, with certain modifications of detail that will probably be considered advantageous.

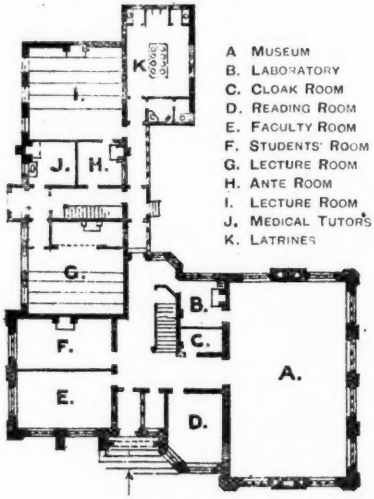
The new School is built in local stone of a warm purplish-red colour, the dressings and architectural features being of Combe Down freestone.[1] The portion containing the large Museum and Library is made to dominate the whole design, and has an imposing gabled front, flanked by turrets with



small crocketed cupolas, the Library windows having arched tracery heads of rich pattern. All the remaining windows of the building are square in outline, mullioned, and having small cusped arches in the heads. A fine, deeply-moulded cornice runs round the entire building, broken at intervals by

[1] The contractor's work has been well carried out by Mr. George Humphreys, of Stapleton Road, Bristol.

NEW MEDICAL WING, UNIVERSITY COLLEGE, BRISTOL.

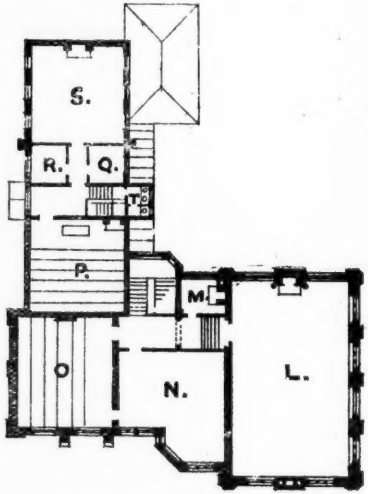


GROUND PLAN.

KEY

A MUSEUM
B. LABORATORY
C. CLOAK ROOM
D. READING ROOM
E. FACULTY ROOM
F. STUDENTS' ROOM
G. LECTURE ROOM
H. ANTE ROOM
I. LECTURE ROOM
J. MEDICAL TUTOR'S ROOM
K. LATRINES

L. LIBRARY
M. LECTURERS' ROOM
N. PHYSIOLOGY LABORATORY
O. " THEATRE
P. ANATOMY THEATRE
Q. PROSECTOR'S ROOM
R. " "
S. DISSECTING ROOM
T. LAVATORY AND W.C.

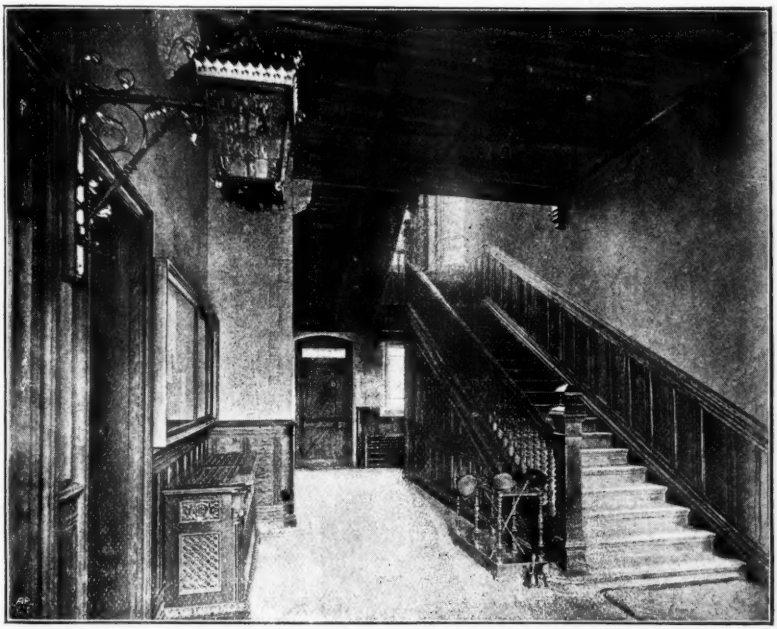


FIRST FLOOR PLAN.

SCALE 0 10 20 30 40 50 OF FEET.

carved gurgoyles, pateræ, and grotesque heads. The walls finish with a battlemented parapet.

One enters from the road, under a moulded archway through a little lobby enclosed with pitch-pine screen-work, and paved with mosaics, to find oneself in a spacious hall, floored in a similar manner, whence access may be had to the rooms for Faculty meetings and for students on the left

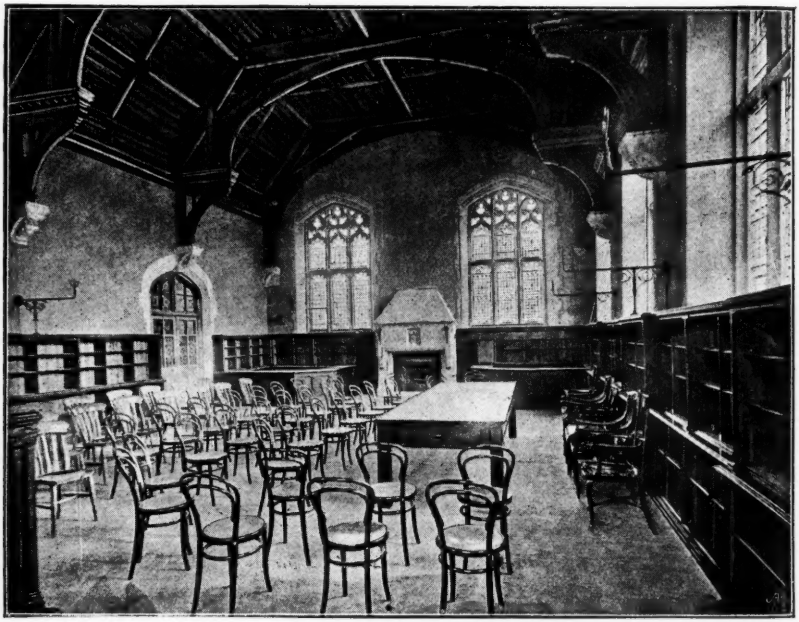


hand, and to a doctors' reading room, a cloak room, and a porter's room on the right. At the end of the corridor on the right hand a doorway, in a screen fitted with fine lead glazing, conducts to the Museum, a well-lit room, 50 feet by 30 feet, with a preparation room in connection with it.

There is a handsome piece of glass by Bell and Son in the staircase lights, which gives the whole staircase a good

effect. The design of the balusters and the solid newels is in keeping with the rest of the building, and the walls are cased here, as in most of the rooms, hall, and corridors, with panelled dados of choice figured pitch-pine.

Ascending the broad, old-fashioned staircase which rises from the hall, we arrive at the first floor, where a theatre is provided for physiological lectures, a Laboratory properly fitted for physiological work, a small preparation room, and a Library.



The Library is entered under a richly-moulded arch, with carved spandrels, emblematical of the mysterious principles of life and the healing attributes of the Deity. The room, which is planned and fitted to take the associated libraries of the Medical School and the Medico-Chirurgical Society, is a very handsome one, 50 feet by 30 feet, lit on three sides by mullioned

and traceried windows, and dignified by an open timber roof, with panelled compartments, having carved bosses at their intersections, and supported by massive moulded hammer beams, with carved braces and fretted spandrels. These beams rest upon six moulded freestone corbels, bearing shields, on which are cut monograms of initials of some of those who have had a distinguished connection with the School.[1] A handsome freestone chimney-piece, of the old baronial type, stands at one end of the room, and the solid ranges of dark-wood bookshelves complete the circuit of the room. A pleasant effect for reading purposes is produced in this Library by the introduction of cathedral glass in all the lights, a pale green tint slightly predominating.

At the rear of the building a glazed covered way gives immediate access to the old School, which, with a few necessary internal modifications, has been preserved intact. The Lavatories, which are situated at the end of this covered way, are very complete, well lit, ventilated, and drained.

The whole of the new building is lit with gas, the best rooms having powerful sun-burners, with ventilating trunks connected to them, and the heating throughout is by low-pressure hot water.[2] Radiating coils are provided in nearly every room, and wherever else needed, through which continually enters an ample supply of fresh air, warmed to an agreeable temperature.

Mr. J. Greig Smith, who has taken considerable interest in all the work of the new school buildings, and has devoted much care to the details of arrangement and decoration, has very kindly, in response to our request, sent us the following note: "Symbols connected with the healing art are here and there introduced. On a scroll over the front door, and in the Greek characters adopted by the College of Physicians of London, is the well-known Hippocratic aphorism relating to the shortness of life and the length of art: at each end of the scroll is introduced in full relief a bold treatment of the Æsculapian rod and staff. Over the archway that leads to the library are represented various symbols, such as the pentacle introducing at its angles the letters Υ Γ Ε Ι Α; the tree of life; the serpent, with rod and with cup."

[1] These are Dr. Henry Riley, Mr. Henry Clark, Mr. William Herapath, Dr. John Addington Symonds, Dr. Joseph Griffiths Swayne, and Dr. William Budd.

[2] These arrangements have been admirably carried out by Messrs. James Crispin and Sons, of Nelson Street, Bristol.

Dr. J. G. SWAYNE writes: "As just at present everything in connection with the history of the Medical School is of interest, I am sending you some portraits, which are copies of pencil drawings made by me in my note-book in 1840, when I was a student attending lectures and ought perhaps to have been better employed. They represent six of the founders and first lecturers of the Medical School in the Old Park, Bristol, in the year 1832. I regret that I did not in 1840

Mr. HENRY CLARK.

take likenesses of all the first lecturers; but one of them, Wm. Hetling, died before I became a student, and the other two I did not take: for I little thought in 1840 before the days of photography that these drawings might become useful in 1892, after fifty-two years had passed. I add a few notes about them, but must refer the reader to Mr. Augustin Prichard's paper on the Medical School for fuller information."

As a lecturer especially on anatomy Mr. HENRY CLARK was very clear and impressive, and readily imparted his in-

formation to his pupils. He was also a good surgeon, though a rather nervous operator. Mr. Henry Clark was succeeded in practice by his nephew, Mr. Thomas Edward Clark, who became a lecturer at the school, Surgeon to the Infirmary, Physician to the General Hospital, and then gave up the profession, and took orders in the Church of England.

In medicine Dr. HENRY RILEY was an ardent disciple of Broussais, and carried antiphlogistic treatment very far. I

Dr. HENRY RILEY.

remember when I was the pupil for the week at the Infirmary, I once bled and cupped under his directions nearly fifty patients in one day. His diagnosis was good, especially in chest diseases. His clinical remarks were instructive, and he had a good following of pupils in the wards. Like Beau Brummel, he never failed in his tie. Deep and so well starched that it was without crease or wrinkle, it was a fine example of the "white choker."

Besides being a distinguished chemist, Mr. HERAPATH

was a town counciller and a magistrate of some repute. He had a rather quick temper. One snowy morning in winter he had just retired after his chemical lecture, and was walking down the Medical School yard, when some parting shots in the shape of snowballs were fired at him from one of the Medical School windows in the rear. One of these knocked off his hat and quite upset his equanimity. He at once faced round and said: "If I knew who threw that snowball, I'd sink the magistrate, I'd sink the lecturer, and give him as good a

Mr. HERAPATH.

thrashing as ever he had in his life!" This little episode rather increased the medical students' respect for him; for they regarded him as a man who was ready to fight if necessary. He died in 1868, having lectured for 36 years. His son, Dr. William Bird Herapath, was for some years engaged in extensive general practice in Bristol; but, notwithstanding this, he was, as a chemist, more distinguished than his father, owing to his becoming F.R.S. in consequence of a very able paper of his on the polarising properties of the salts

of quinine. Dr. Bird Herapath's son is a medical man now practising in Bristol.

My father, Mr. JOHN CHAMPENY SWAYNE, was at times a very absent man, especially when he was lecturing and fully absorbed in his subject. Some students, aware of this peculiarity, prepared a lay figure, by means of a mop, a mask, and some old clothes, and seated it on a bench amongst them a few yards in front of where he stood to

Mr. JOHN CHAMPENY SWAYNE.

lecture, just to see if he would notice it. He lectured in winter in the afternoon, when the light was not good, and for ten minutes or so, as they expected, he did not notice the figure. However, when he did and fixed his eyes upon it, there was a general explosion. As soon as it was over, my father turned round quietly to the porter, who was registering the absentees, and said: "I'll trouble you to remove that strange gentleman; but permit me to remark that I wish all the others attending this lecture were as quiet and orderly!"

Dr. Tyler Smith (a fellow student of mine at the Bristol School, who afterwards practised in London, and was appointed Obstetric Physician to St. Mary's Hospital when it was opened) told me that my father's lectures induced him to take up obstetric practice.

Dr. JAMES BERNARD was not one of the original founders of the school, but was one of its earliest recruits. He lectured for ten years; viz., from 1835 to 1845, when he retired. He

Dr. JAMES BERNARD.

was lecturing on materia medica when I was a pupil; his lectures were scholarly and showed much erudition; but the subject was a dry one, and his delivery and manner were not attractive. He soon afterwards was elected Physician to the Infirmary, and resigned his lectureship. In private practice he did well, and was universally respected.

About the middle of this century Dr. SYMONDS was perhaps the most successful physician in the West of England.

He lived in Clifton Hill House, a mansion bearing the date 1747, and built at a time when Clifton on the hill was an outlying village. Dr. Churchill, the eminent accoucheur of Dublin, once remarked to him, in my presence: "Doctor, you have the finest physician's house I have seen anywhere." Before Dr. Symonds bought it, it was occupied by Mr. George E. Sanders, a gentleman of fortune, and a leading Liberal. At that time, in the forties, the two hospitals were highly political, just as the Colston dinners are at the present

Dr. SYMONDS.

time. The General Hospital, then a young struggling institution, was chiefly supported by the "Anchorites;" whilst the "Dolphinites" clave to the old-established "Charity Universal," Bristol Infirmary. Permission had just been granted to call it the Bristol Royal Infirmary, whereupon Mr. Sanders remarked: "The patients who want a Sovereign remedy will now go to the Royal Infirmary; but those who want a Radical cure will go to the Hospital!"

Progress of the Medical Sciences.

MEDICINE.

The discussion on phagocytosis and immunity at the Pathological Society, Sidney Martin's Goulstonian lectures, Sims Woodhead's address on bacteriology, and the discussion on immunity at Nottingham this year, show the increasing attention which is being paid to this department of medical science. Interesting as it would be to discuss the different views upon phagocytosis and immunity, their consideration belongs rather to pathology than to medicine, so it seems more appropriate here simply to recount some recent gains to clinical medicine through bacteriological research. First, however, we would note, as being of general interest, (1) the vastly greater bactericidal power of blood-serum compared to that of blood-plasma; (2) the superiority of the immediate benefit obtained from treatment by immunised serum over the slowly developed immunity produced by inoculation; and (3) the complete analogy of some toxalbumins not produced by bacteria (*e.g.* abrin) with those derived from pathogenic micro-organisms. Ehrlich has shown [1] that susceptible animals may be made immune against these proteids of non-bacterial origin, and that the blood of such immune animals contains an antitoxine to which this immunity is due.

* * * *

Amidst the deluge of literature which has appeared upon the subject of cholera recently, something has been added to our knowledge of the bearing of the bacteriology of the disease upon its cure. Protective inoculations of animals against cholera have been successfully made by many experimenters. Brieger and Wasserman,[2] G. Klemperer,[3] and L. Vincenzi [4] record their independent success in conferring immunity by injecting differently prepared cultures of the cholera vibrio. More interesting to us, however, is the report by Mr. E. H. Hankin [5] of his protective inoculation of himself in M. Haffkine's laboratory in Paris. An abnormally virulent

[1] *Deutsch. med. Woch.*, 1891, No. 44.
[2] *Deutsch. med. Woch.*, Aug. 4, 1892. [3] *Berlin. klin. Woch.*, Aug. 8, 1892.
[4] *Arch. delle Scienze Med.*, vol. xxi., fasc. 3.
[5] *Brit. Med. Journ.*, Sept. 10, 1892.

culture—*virus fixe* or *exalté*—as well as an attenuated culture, having been obtained, Mr. Hankin, with seven others, were "vaccinated," first with the attenuated, and a week later with the virulent culture, causing phenomena described by Hankin, and rendering these inoculated persons insusceptible to any further influence of the virus administered in the same manner. More recently we have seen it stated that Mr. Hankin has swallowed some culture of the cholera vibrio with impunity, a result unlike that obtained in Berlin, where the accidental swallowing of such by an "unvaccinated" person led to a prompt attack of cholera, with abundance of the "comma bacilli" in the intestinal evacuations. As Haffkine's method can be practised in human beings with perfect safety, and as it certainly produces immunity against cholera in animals so widely different as pigeons and guinea-pigs, results already obtained made it reasonable to believe that it produces similar effects on human beings.

The cholera vibrio flourishes only in alkaline media, and cholera can be caused in the guinea-pig by oral administration of the vibrio, only if the gastric juice be neutralised with soda and the peristaltic action of the intestines diminished by opium. The modern medicinal treatment of cholera therefore consists in avoiding the administration of opium and the plentiful administration of acids in diluent drinks. Ferran recommends[1] lactic acid in lemonade, while Cantani[2] prefers the administration of very copious enemata (so that the solution shall pass backward through the ileo-cæcal valve) of tannic acid, under which treatment he says nearly every case recovers.

* * * *

The specificity of the contagium of typhoid fever has again been seriously called in question. Dr. Gabriel Vallet[3] maintains that Eberth's bacillus is only a modification in its passage through the body of the bacillus coli communis. Frequently in typhoid stools this latter organism is found alone, and Eberth's bacillus, when present, is found between the tenth and twentieth day, when Peyer's patches have commenced to ulcerate, and time has permitted the bacillus coli to undergo within them the same modifications it is supposed to do in the spleen, being transformed there into Eberth's bacillus. The two organisms differ very little in

[1] *Compt. Rend. de l'Acad. des Sciences*, CXV. 101, 1892.
[2] *Berlin. klin. Woch.*, Sept. 12, 1892.
[3] *Le bacillus coli communis dans ses rapports avec le bacille d'Eberth et l'étiologie de la Fièvre Typhoide.*

their morphological or other characters, and when tested on *animals* their pathogenic properties seem identical. Dr. Vallet has therefore come to the conclusion that in typhoid, as has been described in diphtheria, there are a pathogenic and a non-pathogenic form of the same organism. Bacillus coli communis propagated in fæcal solutions becomes much more virulent. It is important, therefore, to prevent accumulation and fermentation of fæcal matters; for possibly Murchison was right in his view that typhoid can arise *de novo* by such fermentation. Dr. Vallet cannot be said to have actually proved his theory, and other observers differ from him in their views as to the difference of the two bacilli. Theobald Smith [1] describes distinguishing chemical differences, and Luksch [2] distinctive microscopical appearances and staining properties between the two micro-organisms. Stern [3] records experiments showing that immunity against typhoid can be obtained by injection of blood-serum derived from persons convalescent from the disease. Bruschettini [4] has also obtained complete immunity in animals by employing cultures of Eberth's bacillus, obtained from the spleen of a typhoid patient, administered subcutaneously. Serum of rabbits thus immunised has a much greater bactericidal power in relation to the typhoid bacillus than that of normal animals, and possesses also a very marked antitoxic action to the virus of the typhoid bacillus.

* * * *

Dr. T. M. Prudden records [5] later experiments confirming those by Straus, Vissman, and his own earlier investigation, which show that injection of dead tubercular bacilli causes the development of new growths anatomically similar to ordinary "tubercles," but that no caseation takes place in them, nor does any constitutional infection arise from them as they contain no living bacilli. Cheesy degeneration is apparently due to some metabolic product of the bacillus wholly distinct from the cell-stimulating bacterial protein, while there is still another agency of a toxic nature to which many of the graver systemic effects of the tubercular infection are due: emaciation however is observed after the injection of dead bacilli. In these artificial "tubercles" the injection of tuberculin does not cause caseation; for, as Maffucci [6] has shown, the active substance of tubercle

[1] *Central. für Bakt.*, Mar. 19, 1892. [2] *Ibid*, Sept. 28, 1892.
[3] *Deutsch. med. Woch.*, Sept. 15, 1892.
[4] *Rif. Med.*, Aug. 9, 1892. [5] *N.Y. Med. Journ.*, Sept. 10, 1892.
[6] *Rif. Med.*, Nov. 24, 1891.

culture is retained in the bacilli, not in the liquid serum. At the International Congress at Berlin, Koch declared the specific difference between avian and human tuberculosis; more recently, Gamaleïa and Straus [1] have indisputably distinguished between them. French investigations upon tuberculosis have been made upon the avian species, and their results therefore are not certainly true as to mankind. Nevertheless Héricourt [2] adheres to his view, that it is by successive vaccinations of avian tubercle that dogs are rendered immune to human tuberculosis, to which they are naturally prone. This immunised serum he considers a valuable restorative in tuberculosis in man.

* * * *

In tetanus we may consider most completely to have advanced towards cure by bacteriological methods. The antitoxine can be precipitated by alcohol from the blood of dogs or rabbits strongly immunised against tetanus, dried *in vacuo*, and kept until required to be used. From 15 to 25 centigrammes, dissolved in a little water, are injected once or twice daily. About four or five injections are usually required to effect a cure. This plan, which will conveniently supersede treatment by immunised serum, has been employed in instances of tetanus in man, and successful cases have been recorded by Pacini, Nicoladoni, Schwarz, Finotti, Bruschettini, Taruffi, and Casali, and possibly by others also, the curative substance being obtained from Tizzoni of Bologna.

Bruschettini [3] and Taruffi [4] point out that the toxine of tetanus is eliminated in the urine of the animal suffering from the disease; the efficacy of the antitoxine therefore can be gauged by the degree of inability of the urine from the tetanic animal under treatment to produce tetanus when injected into another animal not previously rendered immune.

Tizzoni and Cattani report [5] that if both parents have been immunised to tetanus, their offspring are hereditarily immune; but immunity is also often, if not always, to be obtained through the milk of an immune foster-mother, as has been elsewhere proved.

* * * *

Koplik has again proved,[6] by elaborate investigation, that the certain diagnosis of diphtheria is impossible clini-

[1] *Archiv. de Méd. Expér.*
[2] *Archiv. gén. de Méd.*, April, 1892, and *Gaz. méd. de Paris*, Oct. 22, 1892.
[3] *Rif. Med.*, April 11 and July 29, 1892. [4] *Ibid.*, April 21, 1892.
[5] *Ibid.*, April 26, 1892.
[6] *N.Y. Med. Journ.*, Aug. 27, 1892.

cally, the presence of membrane and other signs, which used to be relied upon, being of no critical value. Baginsky also[1] has come to the same conclusion. Both authorities agree that "diphtheritic" membrane may be produced by Löffler's bacillus, by the pseudo-bacillus (of Hofman), or by streptococci and staphylococci. True diphtheria may equally be present in the absence of membrane, and such cases—diphtheria *sine membranâ*—are the more insidiously dangerous on account of their real nature not being suspected. Woodhead, in his address on bacteriology at Nottingham,[2] commenting upon the same point, sensibly urges that, as it is impossible for the majority of practitioners to do more than make the preliminary steps of the bacteriological investigation, which is necessary to make a diagnosis, some central authority, such as the Association for the Advancement of Medical Research, should, for a suitable fee, undertake the investigation of specimens sent them.

Notwithstanding Behring's experiments, authorities more recently are not sanguine that protective or curative inoculation can be successfully performed for diphtheria. Only partial immunity has been hitherto obtained, and the ulterior effect of the toxic albumose renders its administration not devoid of risk. In this Koplik, Woodhead, and Sidney Martin[3] are practically agreed.

* * * *

Hughes and Carter of Philadelphia,[4] in reporting a case of pneumonia treated by transfusion of blood from convalescent case, quote previous experience in the cure of pneumonia by the immune serum of convalescents. Mosny, Klemperer (six cases), Neisser (three cases), Redner (twenty cases), and Janson (several cases) show that the method first practised by G. and F. Klemperer has met with widely extended success. It would appear that the substance conferring immunity is not identical with the antitoxin, but that the former generates the latter; neither body has been isolated. After an attack of pneumonia the serum retains its immunifying power for about three months. The quantity of serum employed has varied considerably in the hands of different experimenters; the authors think that not less than 50 c.c. should be used.

* * * *

The bacteriological cause of influenza may now be con-

[1] *Archiv. für Kind.*, xiii. [2] *Brit. Med. Journ.*, Aug. 6, 1892.
[3] Goulstonian lectures, 1892. [4] *Therap. Gaz.*, Oct. 1892.

sidered as settled. Barreggi,[1] Bruschettini,[2] and Cornil and Chantemesse[3] record finding the bacillus already described by Pfeiffer and Canon. Pfeiffer himself and Beck[4] make further report to the effect that the bacillus is found in the bronchial secretion, not in the blood, so that apparently the primary morbid process of influenza is accomplished within the bronchial territory. In no case of influenza have the authors failed to find these bacilli, nor were they ever present when influenza could be excluded. Clinical experience would lead us to believe that the duration of immunity must be extremely brief.

J. E. SHAW.

SURGERY.

Operative procedures, in cases of enlarged prostate where catheter treatment has failed, or is unavailable, have been steadily gaining ground since the excellent address of McGill, at the meeting of the British Medical Association at Leeds, in 1889.[5] The most recent statistics of Bottini's treatment[6] by the galvano-cautery seem to show that 52 cases out of 77 were cured, 2 died, in 12 there was no result, and in 11 slight improvement. In these cases, however, the condition of the bladder before and after treatment has not been given; it is merely stated that the amount of residual urine was greatly reduced—a result which is not unusual under much simpler treatment. The operation appears useless in advanced disease, or for vesical growths (the most distressing form), or for enlargement of the lateral lobes. The balance of opinion seems decidedly in favour of either supra-pubic or perineal prostatectomy. McGill,[7] and Belfield[8] who collected 133 cases, did a great deal towards establishing prostatectomy as a recognised surgical procedure; but the recent lectures of Mansell Moullin, at the Royal College of Surgeons of England,[9] have placed the operation on a more definite basis than was possible with the earlier operators.

Perineal prostatectomy is certainly not so serious an operation as the supra-pubic operation. Of the former

[1] *Gazz. Med. Lomb.*, Jan. 16, 1892. [2] *Rif. Med.*, Jan. 29, 1892.
[3] *Sem. Méd.*, Feb. 10, 1892.
[4] *Deutsch. med. Woch.*, May 26, 1892.
[5] *Brit. Med. Journ.*, 1889, vol. ii., p. 863.
[6] An account of this operation will be found in the *Edinburgh Medical Journal*, March, 1891, p. 830.
[7] *Op. cit.* [8] *Amer. Journ. Med. Sc.*, Nov., 1890.
[9] *Brit. Med. Journ.*, 1892, vol. i., pp. 1185, 1250, 1294.

Moullin quotes 38 cases, with 3 deaths, *i.e.* 8 per cent., but one of these was 80 years of age already, and in another the method adopted was unsuitable; and of the supra-pubic operation, taking all the cases together, the mortality is approximately 20 per cent.; if the last half only, it is still 15 per cent. On the other hand, it must be remembered that the majority of patients operated upon by the latter method were practically *in extremis*, and that it is very doubtful whether a very large proportion would have survived much longer, or even so long, had the operation not been done.

Belfield's statistics[1] give the mortality of the perineal operation as 9 per cent., and of the supra-pubic as 16 per cent.

Moullin thinks the perineal operation to be chiefly of use in cases where it is possible to diagnose the presence of a small median outgrowth, the rest of the prostate being normal. "There has been sudden retention; a catheter passes in easily, showing that there is no congestion, but not a drop will come out. On examination by the rectum, the gland does not appear much enlarged, but there has been frequent micturition, with dribbling afterwards for some time. In these cases the perineal operation succeeds admirably; but it is essential not only to remove the salient obstacle, but to divide its base thoroughly, and drain the bladder for some little time." Such cases are, however, not common; but in the record[2] of two cases of perineal prostatectomy which he has recently performed, one was of this nature, and the result was eminently satisfactory; for immediately after the operation the wall of the bladder, which had lost all power of contraction from over-distension, began slowly to recover.

Dr. G. L. Keyes[3] thinks the perineal route is best where there is great feebleness of the patient, and "where the main indication is to get drainage and to save life," and in which the prostate is not very hard and not very large in its lateral obes.

The operation devised by Dittel, but first performed by Kuster,[4] in which, after a perineal incision, a wedge-shaped piece is excised from the under surface of each lobe of the prostate without opening either the urethra or bladder, has not been very successful. In Kuster's three cases a fistula was left in two, and in the third a vesicula seminalis was opened. The operation is only of use in those rare cases

[1] *Op. cit.* [2] *Lancet*, 1892, vol. ii., p. 142.
[3] *Med. Rec.*, Oct. 31, 1891, p. 525. [4] *Munch. med. Woch.*, Ap. 14, 1891.

where the bladder is very small or rigid, so that the enlarged lateral lobes could not be successfully dealt with by the supra-pubic route.

Perineal prostatectomy, however, although a safer procedure than supra-pubic prostatectomy, is of limited application, and except under the conditions referred to above, the latter method must be adopted. McGill thought that all cases should be treated in this way, inasmuch as it allows of a minute and exact exploration of the vesical surface of the prostate, and of easy and complete removal of the obstructing mass at the same time that it permits of complete and efficient drainage.[1] In only three cases out of twelve upon which McGill operated (by the supra-pubic method) would it have been possible to have removed the obstructing growth through the perineum. Mansell Moullin,[2] in discussing the operation, says "the first question is whether the obstruction will return and render the operation useless; the next whether the bladder can recover." With regard to the first, it is now four years since many of the cases were operated on, and in only one instance has a definite recurrence been noted. The question of recovery of the bladder depends partly upon the condition of the patient as regards general nutrition, partly upon the extent to which the muscular coat has been ruined by over-distension, cystitis, and the repeated use of catheters. The large majority of cases undoubtedly recover the power of expulsion, and in the few failures reported Moullin thinks that "it cannot be too plainly stated that the real reason why the bladder failed was that the operation was performed too late." Sir Henry Thompson[3] says that when habitual catheterism for retention from enlarged prostate has been practised for two years or more, the coats of the bladder lose their power of expelling the contents, and are incapable of regaining it even if the obstruction be removed. The results of supra-pubic prostatectomy have however shown that this is by no means invariable or positive, and it is certainly a strong argument in favour of early operation that the chief palliative measure which replaces it may, within two years, so ruin the bladder that it cannot recover.

Enlargement of the prostate by itself does not require operation in the majority of cases, but in a certain proportion complications set in sooner or later. The catheter has to be passed more and more often, and when passed (sometimes with difficulty) the desire to pass water is as great after the instrument is withdrawn as it was before: cystitis breaks out

[1] TREVES, *Operative Surgery*, vol. ii., 1891, p. 619.
[2] *Brit. Med. Journ., loc. cit.* [3] *Diseases of the Urinary Organs.*

every now and then; attacks of congestion, causing hæmaturia and retention, occur with greater frequency; the urine is becoming offensive; the residuum is becoming larger, and the night's rest is seriously broken. For such as these prostatectomy, by one or other method, according to the special conditions present as indicated above, certainly affords a far better prospect than either cystotomy or drainage, and without sensibly greater risk. On the other hand, if this chance is lost, and the patient allows himself to drift on until his kidneys are diseased, or cystitis has destroyed the muscular power of the bladder, and made it small, hard, and rigid, the conditions are absolutely different. When the capacity of the bladder is much reduced and it cannot be distended, and when under careful treatment it shows no sign of recovery, it is useless attempting to remove the obstruction; cure is impossible, and the risk, if there is the least nephritis, much too great. Palliative measures only can be employed: as much benefit can be derived from drainage as from the most complete enucleation; and no surgeon would undertake a grave operation when one less dangerous to life would answer equally well.

* * * *

The treatment of tuberculosis of the bladder through a supra-pubic incision has recently[1] been advocated by Dr. James Bell, but he limits the discussion to those severe and advanced cases in which medical and local treatment have failed to give relief, and in which pain and frequent or constant desire to micturate have rendered the patient's life useless, if not burdensome. He considers the advantages of the operation both immediate and remote. The immediate results in all of the cases which he reports gave full relief of the painful and frequent attempts at micturition, the arrest of hemorrhage, and in a short time a cessation of the purulent discharge, except in those cases where pus came from sources other than the bladder ulceration. The remote effects were very much more satisfactory than could have fairly been expected. Of course, when tuberculosis of the kidney already exists, relief of bladder symptoms is all that can be looked for. This operation, moreover, is sound in principle, and is carried out exactly on the same lines as the treatment adopted by surgeons for tubercular disease of other organs; and while it may not give such brilliant results as some joint-operations for example, it would seem, by effecting the removal of the diseased tissue and giving temporary rest

[1] *Journ. Cutan. and Gen.-Urin. Dis.*, Aug., 1892, p. 293.

to the diseased organ, to offer the best, if not the only, hope to many patients who are the subjects of tuberculosis of the bladder. Compared with perineal cystotomy, it gives far more satisfactory rest to the bladder, inasmuch as the urine escapes through a healthy portion of the bladder wall, leaving the inflamed and ulcerated region just within the neck of the bladder free from the irritation of the catheter or drainage tube. This operation, which is neither difficult nor dangerous, and which brings the diseased area directly under the eye and hand, can be relied upon to give more complete and lasting relief to those very distressing conditions produced by ulceration of the mucous membrane of the bladder in the immediate neighbourhood of the outlet than any other method of treatment at present known to surgeons.

In connection with this subject, a preliminary note has just been issued[1] by Dr. Belfield on the use of iodine trichloride in genito-urinary surgery. This substance is made by passing chlorine gas over iodine. The result is a reddish-yellow powder, emitting an odour of chlorine, and readily soluble in water. When dropped into urine, decomposition ensues, and chlorine and iodine are liberated in a nascent state. A similar result occurs with blood, pus and saliva, but the decomposition in these cases takes place more slowly than in urine.

The decomposition appears to be due to mucin, and not to the urinary salts. A 1 per cent. solution rapidly sterilises pure cultures of the staphylococcus pyogenes aureus. Two cases of tuberculosis of the bladder were much improved after injections of 1 per cent. solution; as were also two cases of tuberculous epididymitis treated by hypodermic injections of solutions of $\frac{1}{8}$ to $\frac{1}{4}$ per cent.

The substance has likewise been found useful in checking fermentation in the bladder in cases of residual urine from enlarged prostate.

* * * *

Dr. Janvrin, in discussing the limitations of vaginal hysterectomy in malignant diseases of the uterus,[2] believes that most operators too readily reject, as unfit for extirpation, all cases in which there has been ever so slight an invasion of the vagina, or in which there seemed to be an extension of malignant disease into the uterine adnexa. He thinks, however, that there are many cases in which the cervix or the body, or both, are diseased, in which the uterus is not

[1] *Journ. Cutan. and Gen.-Urin. Dis.*, Aug., 1892, p. 301.
[2] *Med. Rec.*, July 9th, 1892.

perfectly movable — not from an extension of the carcinomatous condition to the appendages, but simply as a result of old pelvic peritonitis. He is convinced that the appendages do not become involved in a cancerous infiltration until the general condition of the patient is such as to place her beyond any permanent benefit to be derived from the operation. Extension of the disease is much more apt to occur in the *cul-de-sac* by direct infiltration from the cervix, in cases beginning in the cervix, and then into the pelvic peritoneum, than in the adnexa; and also in some cases it will be found even in the cellular tissue between the bladder and uterus.

In giving an opinion as to the proper limitations for this operation, Dr. Janvrin thinks it best to start with some definite idea as to the usual course pursued by cancerous disease of the cervix and uterus, which, he says, is in the following order:

i. Epithelioma developing upon the cervix.
ii. Extension up and into the cervical canal.
iii. Extension up and into the uterine body.
iv. Extension to tissues surrounding cervix.
v. Extension downwards upon vaginal mucous membrane.
vi. Extension downwards upon and through the vaginal wall.
vii. Epithelioma or carcinoma developing primarily upon the endometrium.
viii. Its extension to the body of the uterus.
ix. Its extension to the uterine adnexa.

With this table kept in view, we can safely and justifiably include many cases over and above those in which the cervix, or the cervix and body, are involved; and these additional cases will be confined to instances in which the disease has extended simply to the mucous covering of the vagina (Class V.), and also to those instances in which there is a certain amount of fixation of the uterus by old pelvic inflammatory deposits, but in which the malignant disease is still confined to the uterus itself.

Dr. Janvrin first deals with cases in which the disease has extended downwards *upon* the mucous surface of the vagina. This is generally brought about simply by attrition. A deposit of inflammatory material takes place around it, and separates the malignant deposit from the glandular and cellular structures beyond—the vagina in all respects, excepting as to its mucous membrane, being normal. This condition simply

complicates operation by necessitating the removal of the portion of the wall affected, with a half-inch or more of the healthy tissue below. He refers to seven cases of this class in which the disease has not recurred after operation.

He then considers the other class of cases—viz., those in which the disease is located in the body of the uterus, or in the body and cervix, and in which there are also evidences of thickening in the broad ligaments. Here grave doubts as to the propriety of operating may arise, but by the sense of touch, the thickening from simple inflammatory causes always gives a somewhat elastic sensation, while that from cancerous infiltration is always excessively hard and firm. This point in connection with the patient's general condition will usually aid us in selecting cases for operation. This inflammatory thickening, however, renders the operation much more difficult, often absolutely preventing us from drawing the neck of the uterus down to the vulva. He strongly advocates operation, after a careful diagnosis has been made, in either of these two classes.

JAMES SWAIN.

OBSTETRICS.

The termination of a tedious labour by forceps is usually such a relief both to patient and attendant that it is not a matter of wonder if sometimes sufficient attention is not given to possible injury which may be inflicted on mother and child. Much has been, and is still being, written on this subject. No more excellent summary of the whole question is to be found than that in the *American System of Obstetrics.*[1] Dr. J. G. Swayne, recently calling attention[2] to some of these dangers, refers to the often overlooked risk of compressing the cord in cases where it is coiled round the neck, and advises the operator to be careful not to pass either blade of the forceps unnecessarily far.

A new interest for English readers[3] is given to obstetric traumatisms by Dr. George H. Rohé, of Baltimore, who, in a paper at the June meeting of the American Medical Association,[4] stated his belief that puerperal mania often takes its origin from some lesion of the genital tract. He gave the details of some cases, from a consideration of which he felt justified in believing (1) that, in at least the majority of cases, puerperal insanity is an infective psychosis, (2) that careful observation

[1] Vol. ii., 1889.

[2] *Bristol Med.-Chir. Journ.*, Sept., 1892, p. 158.

[3] Dr. Th. B. Hansen published in Denmark in 1888 a work on the relation between puerperal psychoses and puerperal infection.

[4] *Journ. Amer. Med. Assoc.*, July 16, 1892.

will show that few cases of puerperal insanity occur without a preceding or coincident puerperal infection. For this belief he gave the following reasons:

(1) Puerperal insanity occurs, in the great majority of cases, within the first ten days after delivery—about one-half in the first five days—the same period during which puerperal infection usually occurs.

(2) It is usually accompanied by elevation of temperature, and other evidences of febrile disturbance.

(3) The clinical form in which puerperal insanity manifests itself is, in the majority of cases, that of acute delusions or confusional mania. Depressive states are rare, except as secondary lesions. In other words, the most frequent condition is one most closely resembling febrile delirium.

(4) The death-rate is much higher than in simple mania. Death occurs from exhaustion, usually with high temperature and rapid pulse.

(5) *Post-mortem* examinations, though apparently infrequent in these cases, have shown grave involvement of the pelvic viscera.

(6) Examinations of the pelvic organs during life show lacerations of the perineum and cervix uteri (facile channels of infection in the puerperal woman). As secondary conditions are found, intra-pelvic (peritoneal) inflammation, and consequent abnormal locations, fixations, and congestions of the uterus, tubes, and ovaries.

(7) The results of operations seem to show that removal of local sources of irritation increases the chances of recovery from the mental disease.

A sufficient number of cases, showing cause and effect, has not yet been recorded; but Dr. Rohé's suggestions are valuable in directing attention to any possible factor which may give rise to this distressing affection, and they afford a reason for additional care in endeavouring to avoid the least parturient lesion of the uterus or vagina.

Independently confirmatory of Dr. Rohé's theories come the observations of Prof. Olshausen, who has called attention to the relation of psychoses to grave infectious disease of the puerperium. He considers that cases of puerperal pyæmia, with ulcerative endocarditis, are those that are usually followed by mental disease.[1]

[1] Abstract from *Zeit. f. Geburt. und Gyn.* in *Jour. Nerv. and Ment. Dis.* Sept., 1892, p. 725.

Traumatisms of the cervix deserve more consideration than they often receive. Fraisse[1] holds that every delivery at term in a primipara is accompanied by a laceration of the cervix. He arranges such injuries into four classes. Those of the first degree undergo immediate repair. In the second class, the laceration extends beyond the margins of the os, but stops at the vaginal insertion. In the third degree, which is of a very grave character, the wound may extend as far as the peritoneum. The fourth form is in reality a rupture of the uterus. Fraisse dwells with some detail upon the injuries of the third degree, which present the same symptoms and require the same treatment, whether their origin be art or nature. The first symptom is hemorrhage, which is differentiated from that caused by uterine inertia, by noting that the contractions and retraction of the uterus occur normally. Fraisse says that if the uterus is firmly contracted, and if there are no external lesions, any abundant hemorrhage may be assumed to have its origin in a laceration of the cervix which extends beyond the insertion of the vagina. In such a wound there are obvious dangers of an immediate nature. The hemorrhage may usually be stopped by pressure. Infection through the wound must be prevented. The remote results are familiar to gynæcologists, and manifest themselves by pain, inflammatory troubles, sterility, and abortion.

Without doubt the child often shares with its mother the disadvantage of receiving injuries which are either not observed or not manifested at the time. Dr. L. L. Gray, in calling attention[2] to some types of paralysis in young children, adds to the testimony already existing concerning the production of these by injuries due to difficult delivery or the use of instruments.

Quite a formidable list of ocular injuries received in forceps-delivery is given by a writer in the *Medical News* of April 16th, 1892. All the evidence, excessive but much disregarded, should make the obstetrician ever on his most acute guard to minimise the dangers which may arise to mother or child by the use of the forceps.

A curious note on unavoidable brain injuries is supplied by Dr. F. W. Goodall,[3] who attributes our right-handedness to a condition of left-handed weakness produced, through the frequency of the child presenting in the first or fourth position, by the right side of the head being subjected to

[1] *Nouv. Arch. d'Obst. et de Gyn.*, Feb., Mar., 1892, quoted in *Amer. Journ. Obst.*, Sept., 1892, p. 424.
[2] *Internat. Clin.*, vol. i., p. 204. [3] *Journ. Amer. Med. Assoc.*, July 4, 1891.

a greater degree of mechanical pressure and violence than is the left side.

* * * *

Writing on "The Pelvic Symphyses in Pregnancy and Parturition," Dr. W. J. Conklin [1] supports the conclusions of Luschka, that these symphyses are true joints provided with synovial membranes, and capable of limited motion. Under the stimulus of pregnancy the softer structures of the symphyses undergo a general relaxation, which necessarily leads to a slight separation of the articulating bones. Dr. Conklin does not discuss the question of the mobility of the sacro-vertebral and sacro-coccygeal joints, as he believes it is admitted by all obstetricians. He adduces a goodly array of evidence in support of the view that there is during labour a considerable separation of the sacro-iliac symphysis and of the pelvic joints. Admitting that separation of the pelvic joints does take place to a greater or less extent in many, if not all, women at times, its value as an obstetrical factor depends wholly upon the extent of the separation. It becomes difficult to decide whether in some of the recorded cases the relaxation was normal or pathological. Probably the cases in which the separation was considerably over an inch were of the latter class. Dr. Conklin gives details of some of his own cases, in which the relaxation exceeded physiological bounds, and caused pain and disability, partial or total, of the lower extremities. He infers that many labours which, contrary to expectation based upon former experience, have proved to be short and easy, have been so on account of considerable relaxation of the symphyses during pregnancy, by which the pelvic circumference has been notably increased.

In the English 1890 edition of Winckel's *Midwifery*, a fervent wish is expressed that the operation of symphysiotomy should be for ever entombed. Recent experience shows that this wish is now farther than ever from being attained. The operation of separating the pubic bones at their junction with one another, usually called symphysiotomy,[2] was introduced before the Royal Academy of Surgery of Paris in 1768, by Sigault, who hoped that it would take the place of Cæsarian section. After some adverse criticism, the operation became for a time a popular one. It then became dis-

[1] *Amer. Journ. Obst.*, Nov., 1892.

[2] Dr. W. S. Forbes (*Med. News*, Oct. 29, 1892) rightly points out that in the sense used the word has no etymological justification, as it does not indicate the particular symphysis which is to be divided. He suggests "pubeotomy."

countenanced, and till its partial revival in Italy, about twenty-five years ago, had passed out of obstetric practice. It seems likely, however, that the operation will become a recognised one, and it promises under antiseptic precautions to be a remarkable success. The credit of this is mainly due to Prof. Morisani, of Naples. Dr. Robert P. Harris gives [1] a full review of the history of the operation, and its mode of performance. From Jan. 1st to Oct. 8th, 1892, there were 52 operations, with one death.[2] In the cases of recovery the unions were good, and there was no resulting lameness. Seven children were lost. Only one was born dead. Three were born in an asphyxiated condition, and the rest died during the first three days. If the child did not survive beyond the first three days it was counted as lost. Out of 52 children, 45 lived; 51 were born alive.

A. Pinard[3] considers that with antisepsis the operation is not only devoid of danger, but is beneficial. He says that the pubic bones can be separated to the extent of six centimetres, and that the operation itself is not difficult. Pinard is of opinion that in many cases this operation should take the place of embryotomy and of Cæsarian section, that the lives of many women and children may be preserved by it, and the practitioner be saved the cruel necessity of crushing the skulls of living infants.

Dr. W. T. Lusk, commenting on Dr. Harris's paper, said that it gave him great pleasure to find that symphysiotomy had been of recent years so far perfected that it gave a lower maternal death-rate than craniotomy.

Dr. B. C. Hirst[4] gives a summary of the statistics of the operation, which down to 1858 had a maternal mortality of 33 per cent.; from 1866, when it was again practised, till 1886 the mortality was 24 per cent. Dr. Hirst says the first operation in America was performed by Dr. Charles Jewett, of Brooklyn, on September 30th of this year. He considers the modern revival of the operation to be the most important advance in obstetric surgery since the general adoption of abdominal section in early extra-uterine pregnancy. Dr. Hirst gives the clinical records of some typical cases, including one in which he operated at the University Maternity of Philadelphia. The choice was between Cæsarian section, craniotomy, or symphysiotomy. Mother and child did well. Dr. Hirst gives details of the operation, which he considered

[1] *Amer. Journ. Obst.*, Oct., 1892.
[2] *Med. News*, Nov. 5, 1892, p. 528.
[3] Abstract in *Amer. Journ. Obst.*, July, 1892, p. 134, from *Annales de Gyn.*, Feb., 1892.
[4] *Med. News*, Oct. 15, 1892.

should be performed with Galbiati's knife. A fuller account of the mode of operation is given by Dr. Harris. Dr. Anna E. Broomall performed a similar operation at the Women's Hospital, Philadelphia, on October 7th. On October 14th mother and child were both doing well. In the discussion which followed the reports of the cases of Dr. Hirst and Dr. Anna Broomall it was pointed out that the introduction of antiseptics had revolutionised the operation. Its performance has now received the additional sanction of Charpentier and Porak of Paris, Leopold of Dresden, and Freund of Strassburg, all of whom have had successful cases.

Porak's first case is specially instructive. After making all justifiable attempts with the forceps, he failed to deliver the disproportionately large child. He did not think that the case was one for Cæsarian section. He opened the symphysis, put on the forceps a second time, and accomplished the delivery without trouble. The woman recovered, and the child lived.

On November 22nd, Dr. W. J. Smyly performed the operation at the Rotunda Hospital, Dublin. This is said to be the first symphysiotomy in the United Kingdom since 1782. Nine days after the operation mother and child were doing well.[1]

In the light of these recent successes, and of the fact that symphysiotomy has been chosen as a subject for discussion at the International Congress, it is of interest to note the views of the older obstetricians on the question. William Hunter, arguing from experiments on the cadaver not realising that after death the elasticity of the ligaments soon becomes lost, stated that the symphysis pubis could not be separated to the extent of an inch and a half without lacerating the sacro-iliac ligaments. Ryan cited "unanswerable objections to this highly dangerous and unwarrantable operation."[2] Ramsbotham says: "The operation is not justifiable in cases of the more deplorable distortions of the pelvis, nor in the smaller degrees of diminution, because in them craniotomy can be performed."[3] Matthews Duncan believed that there was a future for the operation, and entered a protest against the unfounded calumnies which had been directed against it by British authors, who "have raised difficulties about it which are sufficient to deter a superficial inquirer from its consideration."[4] He quotes the words of Denman, who,

[1] *Brit. Med. Journ.*, Dec. 3, 1892.
[2] *Manual of Midwifery*, 3rd ed., 1831, p. 598.
[3] *Obstetric Medicine and Surgery*, 2nd ed., 1844, p. 294.
[4] *Mechanism of Natural and Morbid Parturition*, 1875, p. 158.

although he spoke cautiously about the operation, did not "mean to insinuate a wish, or advance an argument in favour of this operation in the cases for which it was originally proposed." So quickly has the change of opinion come about in reference to this operation, that no longer ago than 1889 Dr. Robert P. Harris, now one of its most enthusiastic advocates, said that "symphysiotomy cannot take the place of the Cæsarian section and its modifications except to a very limited extent. It has a range of only a fraction over half an inch."[1]

L. M. GRIFFITHS.

OTOLOGY.

Dr. Lœwenberg gives the result of his experience of cases of otitis accompanying influenza, observed in Paris during 1891.[2] The affection usually met with was a subacute inflammation of the middle ear, which presented somewhat different phases in different parts of the country. In some places it was accompanied with hemorrhagic myringitis, but in Paris the author only met with a single case of this variety. He did not find it necessary to trephine the mastoid antrum in any of his cases, a fact which he attributes to two reasons: first, in the large proportion of cases, mastoid complications were slight; and second, he first exhausted all mild therapeutic measures, such as large incisions into the drum membrane, inflations of air, and a rigid antiseptic medication, before resorting to trepanning.

He particularly alludes to two peculiar classes of cases: first, some cases which were instantly cured by the air douche; and second, some which were accompanied by a peculiar form of perforation of the drum membrane. In the first class of cases, the patients were mostly children who were suddenly seized with pain in one ear—rarely in both. There was at the same time a sensation of heat and a fullness in the ear. Some fever accompanied these symptoms. Examination invariably showed a drum membrane of a dark red colour, and convex above and behind. A single inflation of air sufficed to remove all the symptoms. Politzer's method was used in children, but the Eustachian catheter in adults. In the second class of cases (of which he records two examples), the inflammation rapidly went on to suppuration, and produced a peculiar pear-shaped perforation of the drum membrane, which the author considers pathognomonic.

[1] *System of Gynecology and Obstetrics.* Obstetrics, vol. ii., p. 279.
[2] *L'Otite Grippale*, 1892.

This was accompanied in one case by a prolonged sanguinolent discharge, which resisted all treatment for a time, but which eventually yielded to mild antiseptic injections, inflations of air, insufflation of dry boric acid, and instillation of alcoholic solutions of the latter.

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Dr. William Milligan furnishes another contribution to the now well-known subject of the etiology and treatment of perforations of Shrapnell's membrane occurring in purulent inflammation of the middle ear.[1] He defines Shrapnell's membrane as that part of the membrana tympani lying above the level of the short process of the malleus. Anatomically it differs from other portions of the tympanic membrane in possessing no middle layer of fibrous tissue, hence it is less resistant, and has accordingly been named the *membrana flaccida*. The existence of a minute foramen in this portion of the tympanic membrane has been affirmed by Rivinus, Politzer, Gruber, and others, but denied by Hyrtl and Kessel. The author has found suppuration of the attic, that is, the portion of the tympanum just within Shrapnell's membrane, in five per cent. of the cases of middle-ear suppuration he met with during the last two years. He calls attention to two important points in connection with its etiology. In the first place, it is a curious fact that suppuration of the tympanic attic, accompanied by perforation of Shrapnell's membrane, is hardly ever found as an acute condition. In the second place, it is strange that extensive pathological changes should take place in this portion of the middle ear without a general inflammatory condition of other portions of the tympanic mucous membrane existing at the same time. In almost all the author's cases the disease was secondary to pharyngeal or naso-pharyngeal trouble. In all probability the whole tympanic cavity is affected at first, but later on, owing either to the results of treatment, or to the *vis medicatrix naturæ*, the inflammation subsides in the lower portions of the middle ear, where free drainage is so much more readily obtained; whereas, on the other hand, pus gets locked up in the folds of mucous membrane in this upper segment, and so gives rise to a chronic inflammatory condition of the mucous membrane, which it is exceedingly difficult to eradicate. Adenoid growths are frequently associated with suppuration in this region. Children seem especially liable to it. Caries of the ossicles is a frequent result. Of the three ossicles, the incus is the one most frequently found diseased.

[1] *Med. Chron.*, Oct., 1892.

The treatment of the disease is at times most difficult, and is always tedious. The main guiding principle should be the securing of thorough drainage. The ordinary ear syringe, applied through the external meatus, is not of any great service in dislodging the matter, as the stream of fluid is frequently quite unable to gain entrance through the small perforation. Siegle's pneumatic speculum may be employed with advantage to suck out purulent matter. When the opening is very small, it should be enlarged. The author's intra-tympanic syringe is recommended. Instillations of peroxide of hydrogen (two or three drachms to an ounce) are of much service in penetrating into regions hardly accessible to any form of syringe. In severe cases, where the ossicles are diseased, resort may be had to scraping the diseased area of bone with fine Volkmann's spoons, or to excision of the diseased ossicle or ossicles.

W. H. HARSANT.

Reviews of Books.

A Treatise on the Ligation of the Great Arteries in Continuity. By CHARLES A. BALLANCE, F.R.C.S., and WALTER EDMUNDS, F.R.C.S. Pp. xxviii., 568. London: MACMILLAN and Co. 1891.

Considering the number of men at work, and the abundance of opportunities provided for experiment and observation, it is remarkable how few works of the sort before us have been issued from the English press in the last quarter of a century.

Since the time of the Hunters, men like Goodsir, Travers, Abernethy, Guthrie, Bell, and a few others, some of them living, have kept the lamp of scientific surgery alight in England. But for one man, the light in recent years would have indeed been dim: to Lister, and to him almost alone, are we indebted in our own time for upholding the traditions of British surgery, and making our surgical science a guide to all the world.

The work to-day is different from what it was half a century ago. We go deeper, our sight reaches further, our instruments are more precise and more delicate; and as a

result more facts have to be observed, and more details of these facts have to be noted, so that in any little department of knowledge the truths to be evolved seem to be almost endless. And in all our English surgical work the spirit of the investigator has not stopped at theoretical knowledge, but has sought to graft practice on knowledge.

The work before us is on the lines and in the spirit of modern surgical research at its best. It collates its material from the widest field possible; it brings to bear on this material all available instruments; it combines with keen observation a judicious devising of experiments; and it fittingly concludes with the practical application of the lessons learned to actual work. The work is presented in a manner worthy of its matter. The illustrations, in particular, are most abundant and most beautiful. Having said so much in just praise of the work as a whole, we may be permitted to call attention to some few points in detail.

A presentment of statistics of ligation of the larger arteries shows a mortality which more than justifies any efforts made for its diminution. The objections to experiments on the lower animals are fairly stated and fairly met. The way is further cleared by a chapter on the nature of arteries in gross and minute structure; and here we meet with a beautiful series of drawings, made according to scale, illustrating the minute structure of all the important arteries of the body. Then follows a series of careful observations of the effect of distension on the arterial walls, and the ground is prepared for a consideration of the process of physiological occlusion, which surgical occlusion, it is inferred, may most properly imitate.

The changes which take place in the physiological closure of the ductus arteriosus, the hypogastric artery, and the umbilical vein are fully described; and Nature's methods of occlusion are further described by reference to the results of arteritis in all its varieties.

It is inferred, indeed it is positively affirmed, that Nature's methods of occlusion, physiological as well as pathological, are the best. Here are the words (p. 78):—"In conclusion, it may be pointed out to the followers of J. F. D. Jones, that Nature does not think it necessary when occluding the ductus to rupture the two inner coats in order to produce sufficient internal growth; and to the followers of Celsus and Abernethy, that she does not divide the artery to reduce the longitudinal tension—on the contrary, she does not hesitate greatly to increase it; nevertheless, in her hands, failure to occlude very rarely occurs, hemorrhage never."

Between Madam Nature on the one hand, and Messrs. Ballance and Edmunds on the other, Messrs. Jones, Celsus, and Abernethy would seem to cut a sorry figure. Possibly they did their best, according to their lights. As a further conclusion from the pathological study of obliterative arteritis, we are told that "if surgeons would only follow Nature's method they might attain a like success."

There are fallacies here. We deny at the outset that surgery is bound to follow Nature's processes in health or disease. We create a new process, grafted on Nature, which we mould and bend to our will, but we do not blindly follow her. Certainly we should like to have our artificial surgical arteritis as free from hemorrhage as the pathological arteritis; but should we like it to be as frequently followed by gangrene? And when gangrene occurs, do we always act as if Nature's mode of amputation were better than ours? And what is there common to the passive collapse of a disused vessel like the hypogastric artery and its closure, and the violent occlusion of an artery at a seat of ligature, with a pulse throbbing behind it? Pathological arteritis that results in gangrene we do not want; and physiological occlusion of a vessel that has no stream sent through it we cannot get. Might there not be a surgical variety of occlusion better than either?

We are now brought to consider an elaborate study of the conduct and fate of the corpuscles concerned in the formation of the tissue that closes the vessel at the seat of occlusion. The method employed was mainly by the well-known chambers of Ziegler inserted into the tissues of rabbits and guinea-pigs. As studies in the cognate pathology of inflammation in cellular tissue, the observations are of great value; but as justifying the conclusion "that the scar-tissue which occludes the artery is formed, not from the leucocytes of the blood, but from the plasma-cells of the arterial wall" (p. 133), they are not conclusive.

Proof is brought nearer in the subsequent chapters when histological studies of the ligature of rabbits' carotids are detailed. The carotids of rabbits were selected "partly because, the arteries being so small, all the cells of the wall and clot could be readily brought in a living state under the influence of osmic acid . . . partly because complete transverse sections can readily be made of these small vessels; and partly because in them the intima consists . . . of a single layer of endothelial cells resting directly on the elastic lamina, and the process can therefore be viewed in its simplest form." It is just this smallness of

size and simplicity of structure that make us doubt the full validity of inferences concerning larger arteries of a complex structure. The inferences are possible, perhaps probable, but they are not, as is asserted, certain.

Subsequent chapters on the conduct and fate of the blood-clot are full of interest, and are worthy of all praise. The results of ligature on the coats of the vessels, and the fate of the aneurism after deligation of its artery, are exhaustively considered and elaborately illustrated.

This leads to the practical side of the question, the best surgical method of deligation in continuity. The authors decide in favour of tying in one place without rupture of the coats. As material for tying they favour either tendon or peritoneal ligature or boiled floss silk. The variety of knot is discussed; and a stay knot is recommended consisting of two or more single reefs, and using the single cords combined into one ligature to finish the knot. Much is made of the slipping of the first hitch in ordinary surgical work, and subsequent failure of the deligation. The criticism is just; but the common want of digital dexterity amongst surgeons, may be met as fitly by superior education of the fingers as by cumbrous additions to the methods of work. We do not know what Mr. Lawson Tait may have to say to the suggested additions to his Staffordshire knot; personally we doubt if it would be possible, with so much increase of friction as must result from the new twistings, to pull the ligature tight enough. The best education would be to see Mr. Tait or any other dexterous surgeon tie the knot a few times.

A series of observations and experiments in actual ligation, with positive instructions as to the conduct of the operation and the management of the patient, in actual cases of ligature, concludes the work.

We believe that the practical conclusions of the authors are sound, and that they ought to guide the practice of the present day. We heartily admit that the original work done and described is of supreme and permanent value; but we consider that on some points conclusions are drawn which are not warranted by the data provided, and on others affirmations are made which are almost certainly wrong. It is easy enough in a general way to say this of almost any great work; as easy to say as it is impossible, short of writing another book, to prove. But, fortunately, it is also easy, and indeed a positive pleasure, to speak of the work as a whole as one which is a credit to British surgery, and which will certainly be a stepping-stone to all future knowledge on the subject with which it deals.

Consumption: How to Prevent it and How to Live with it. By N. S. DAVIS, Jun., A.M., M.D. Pp. viii., 143. Philadelphia: F. A. DAVIS. 1891.

In the treatment of Consumption, Dr. Davis has found it advantageous to take his patients, as it were, into confidence, by preparing a series of hygienic rules in which are explained the necessity and effect of their strict observance. This book is an expansion of these rules, and the matter contained is judiciously chosen and carefully stated, with a due appreciation of the extent of knowledge necessary to enable patients to help, but not to "doctor," themselves. Following a short description of the nature of Consumption and the influence of predisposition, is a useful chapter on "Prevention"; then in turn the influence of general hygienic conditions, pure air, climate, clothing, and exercise, is ably discussed.

The book is a successful attempt to popularise useful knowledge.

Illustrations of the Inductive Method in Medicine. By WILLIAM MURRAY, M.D., F.R.C.P. Pp. 158. London: H. K. LEWIS. 1891.

This little book consists of a series of essays written in a clear and pleasant style by a man who has had a large practical experience, and has thought over and digested the problems which must arise in the mind of every thoughtful man in the daily practice of our profession. Certainly in medicine and its allied sciences we are at present liable to be overwhelmed with the wealth of detail constantly accumulated by the ceaseless activity of the host of workers, and no need is more pressing than that some master mind should arise and, in a philosophy of medicine, reduce to order the particular cases, by setting forth the general principles by which they are governed. Whilst agreeing with the author, that if medicine is to advance as a science, it must make progress by a constant effort to arrive at these general principles, we would yet emphasise the necessity, more evident perhaps in medicine than in any other science, of making sure that our premisses are wide enough to justify us in laying down a general rule. The tendency has always been for medical men to be too ready to lay down absolute laws from insufficient clinical data, and thus to retard real progress. The other

essays in the book are meant to illustrate the manner in which the inductive method may be safely employed. They are original in matter, and are chiefly concerned with problems of digestion, of elimination, and of therapeutics.

The Disinfection of Scarlet Fever and other Infectious Diseases by Antiseptic Inunction. By J. BRENDON CURGENVEN, M.R.C.S., L.S.A. Pp. 25. London: H. K. LEWIS. 1891.

In this essay the author claims that scarlet fever, if treated by inunction with the essential oil of eucalyptus, may be prevented from spreading without isolation, and, as a rule, in ten days. This method of treatment was, we believe, first discussed at a meeting of the Epidemiological Society in 1890, and the present essay was read at the Congress of Hygiene in 1891.

We have re-read the essay with considerable interest, but must confess that the author does not yet appear to have proved his case, as the number of successful instances quoted in support is too small for accurate conclusions. The question is, however, worthy of more than passing notice, and there would seem to be no objection to the adoption of this method of inunction as a preventive treatment where isolation is difficult to obtain.

Archives de Neurologie, Revue des Maladies Nerveuses et Mentales. Publiée sous la direction de J.-M. CHARCOT. Paris: BUREAUX DU PROGRÉS MÉDICAL.

We are glad to welcome amongst our exchanges this very valuable publication, in which appear many of the most important contributions of French workers in neurological science. No one who desires to keep abreast of the advances made in neurology can afford to neglect this journal. In the present year we may mention, amongst many interesting contributions, papers "On the Association between Tabes Dorsalis and Diabetes," by MM. Guinon and Souques; "An Anatomical Study on the Arrangement of the Vessels in Nerves," by MM. Quénu and Lejars; "On a Case of General Paralysis commencing at a very early age," by MM. J.-M. Charcot and Dutil; and a very lucid and interesting

study "On the Nature and Real Meaning of Hysterical Anæsthesia," by Prof. Janet. The rest of the journal is made up of good abstracts of papers from the current foreign journals, and by reviews and criticisms of works on neurological subjects.

Transactions of the American Surgical Association. Vol. IX. Edited by J. EWING MEARS, M.D., Recorder of the Association. Pp. xxviii., 508. Philadelphia: WILLIAM J. DORNAN. 1891.

The present volume fully maintains the high standard of its predecessors, and is a mine of wealth to the student of surgery. Most of the articles have appeared before in the weekly journals of New York, and many of them have been reproduced in this country; but they are all worthy of careful reading, and one or two will prove of lasting value to surgical literature.

There can be little doubt that the surgery of the other side of the Atlantic is at the present time of a very high order, and if English surgeons are to maintain their former reputation they will have to take hints from their American cousins. It is stated that the latter are now paying much greater attention to Germany than to this country for their ideas, and it is certain that both in Germany and America surgical *technique* is more fully studied and better carried out than with us.

There are 17 original papers in the volume before us, among which we would particularly mention: "The Present Status of Brain Surgery," by Dr. Hayes Agnew; "Aseptic and Antiseptic Details in Operative Surgery," by Dr. Arpad G. Gerster; and others by such well-known surgeons as Lewis A. Stimson, Stephen Smith, and Nicholas Senn.

The printing and binding are up to the usual high standard of American excellence.

Essentials of Medical Electricity. By D. D. STEWART, M.D., and E. S. LAWRANCE, M.D. Pp. 158. Philadelphia: W. B. SAUNDERS. 1892.

This book purports to put the most important points of the subject before "the undergraduates in such a manner that they may form a general idea of the diagnostic and

therapeutic value of electricity." This object has been fairly attained, and, so far as it goes, the book is a good one, and likely to be serviceable as a short practical aid in clinical work. Perhaps the authors are somewhat inclined to speak too positively as to the value of electricity in diseases in which its curative effects are, to say the least, problematical.

Guide to the Administration of Anæsthetics. By HENRY DAVIS. Second Edition. Pp. viii., 87. London: H. K. LEWIS. 1892.

The second edition of this useful little manual has been published chiefly in order to include the observations of the celebrated Hyderabad Commission, but we are happy to see that the author has not been led astray by the pernicious conclusions of that body, and still teaches what we believe to be sound doctrine on the subject of anæsthetics. We can heartily recommend it as a practical guide for students and medical practitioners.

Year-Book of the Scientific and Learned Societies of Great Britain and Ireland. London: C. GRIFFIN & Co. 1892.

This is the ninth annual issue of a useful chronicle of the work done by various societies, compiled from data published by the Societies themselves.

We fail to see on what principle our own Bristol Medico-Chirurgical Society should be mentioned only on the last page, in the smallest of type, and under the heading "Other Medical Societies."

Annual of the Universal Medical Sciences. Edited by CHARLES E. SAJOUS, M.D. Five volumes. Philadelphia: F. A. DAVIS. 1892.

Dr. Sajous and his staff may again be congratulated on having brought this year's efforts to the successful issue we see before us. The work is a gigantic one, and is year by year becoming more valuable and better known. Now in its fifth year, it has obtained a position which may well be envied, and from which any untimely downfall is scarcely possible. The world cannot but be grateful for such a work

as this, which has rendered itself indispensable to all medical men who wish to acquire or maintain any position amongst their fellows.

Guy's Hospital Reports. Edited by N. DAVIES-COLLEY, M.A., M.C., and W. HALE WHITE, M.D. Volume XLVIII. Pp. xxxiii., 386. London: J. & A. CHURCHILL. 1892.

Of the numerous original papers in this volume, that by Dr. Frederick Taylor "On Malignant Endocarditis" is most worthy of detailed examination, in consequence of the fact that the disease is not yet sufficiently understood and is frequently not recognised. The diagnosis from typhoid fever, pyæmia, ague, and general tuberculosis is not at first possible, and it has been pointed out that there is no organism peculiar to the disease. It appears that ulcerative and malignant endocarditis is liable to succeed every now and then to a preceding acute disease such as pneumonia, and that chronic endocarditis is liable to take an ulcerative form in hospitals where such diseases as pyæmia, typhoid, or scarlatina may be rife. The important clinical features—namely, the cardiac murmurs, the pyrexia, and the evidence of embolic processes —are described in detail. Prognosis does not appear to be absolutely hopeless, and possibly the bacteriologist of the future may provide some more adequate treatment than that of the symptomatic indications which are followed to little purpose. An analysis of 54 cases of the disease concludes this interesting and instructive essay.

The other papers maintain the usual standard of excellence which always characterises the work of Guy's Hospital.

Saint Bartholomew's Hospital Reports. Edited by W. S. CHURCH, M.D., and W. J. WALSHAM, F.R.C.S. Vol. XXVII. SMITH, ELDER & Co. 1891.

This volume is not inferior in interest to its predecessors. Of the numerous papers contained therein, that by Dr. Vincent Harris "On the Treatment of Hæmoptysis" is worthy of especial mention, and an interesting essay "On the Prognosis of Simple Gastric Ulcer," by Dr. S. H. Habershon, presents the most recent views on a question in which reticence and wariness are the only safe course. The obituary notice of Dr. Robert Martin ranks him among the great men of his

generation, and gives us a very interesting account of one who, when tried by sickness and disappointment set an example which others might endeavour humbly to follow.

Saint Thomas's Hospital Reports. Edited by Dr. HADDEN and Mr. ANDERSON. Vol. XX. Pp. xxxvi., 483. London: J. & A. CHURCHILL. 1892.

This volume has a melancholy preface, containing memorial notices of four men who accomplished much for their profession and the school to which they were attached. Thomas Alfred Barker and Sir James Risdon Bennett died at 84 and 82 respectively, whilst William Henry Stone and Alfred James Bernays died at the earlier ages of 61 and 69. These obituary notices, by their friends J. S. B. and W. M. O., must be of the deepest interest to all old St. Thomas's students, and to a much larger world outside.

The papers forming the body of the book are of the usual standard of excellence. That by Dr. Hawkins "On Tubercular Peritonitis" appears to show that the physicians may even yet claim the privilege of guiding many cases to a successful issue without the active assistance of a surgical colleague. An interesting paper "On Specific Diseases," by Dr. Joseph Frank Payne, deals with the subject from the point of view of the bacterium, and concludes in the following words; "The combat remains with these subtle and pervading enemies, more terrible and fatal than the tiger or the serpent; and in this combat the first essential is to know thoroughly the laws governing that life which is antagonistic to our own."

Text-book of the Eruptive and Continued Fevers. By JOHN WILLIAM MOORE, M.D., Physician to the Meath Hospital, Dublin; Consulting Physician to the Cork Street Fever Hospital, Dublin. Pp. xxv., 535. Dublin: FANNIN & COMPANY. 1892.

If some undue delay has occurred in the publication of a notice of Dr. J. W. Moore's book, it must not be attributed to any want of appreciation of this result of his labours, for we would desire to speak of the work in terms of the highest praise. A sensible preface enjoining the necessity for the study of fever to medical students is followed by a chapter on the nature of fever, and that by two chapters on the bacteriology of what our author terms micro-parasitic

diseases. To say that these last-mentioned chapters are quite up to date would be somewhat of an exaggeration, but they present a fair and careful abstract of our knowledge upon these questions a year or two ago. Of the distinctly clinical portions we can speak with unqualified approbation. The City of Dublin and Dr. Moore's appointment therein provide a happy hunting-ground for fever-study such as no other place in the kingdom could offer. Besides the other exanthemata found in this country, typhus and typhoid are treated of in full detail, the author giving, perhaps with almost undue modesty, the results of his own wide experience, and showing also his extensive acquaintance with medical literature, domestic and exotic, by copious references both in the text and in foot-notes. The treatment of typhoid fever is always a point of interest to note, as there is so much divergence of opinion among physicians as to the best manner of feeding and otherwise managing cases of this disease. In contrast to the liberal diet administered by Dr. Barr, as recorded in the notice of his book in our last issue, Dr. Moore considers one quart of milk and one pint of animal broth to be as much as is ever necessary in the way of nourishment. To antipyretic drugs he is, like most other physicians, very strongly averse, becoming "more chary than ever" in their use; and for reducing temperature, considers bathing "far in advance of all other measures." Intestinal antiseptics he does not trust to in his own practice, but notes the use of this line of treatment by many others. Limitation of space will not permit of adequate allusion to the many excellent qualities of the work. It is by far the best text-book on the eruptive and continued fevers at present before the profession, and one which every medical man ought to have by him for constant reference.

The Sheffield Medical Journal. A Quarterly Review of the Medical Sciences for Yorkshire and adjoining Counties. Vol. I. Part I. Pp. 80. Sheffield: PAWSON and BRAILSFORD. October, 1892.

We are glad to welcome this, the latest, addition to the now goodly list of provincial medical journals, and are gratified to have so sturdy and promising an infant in our Exchange List. These local journals cannot fail to be of great benefit to the profession in their neighbourhood: the time and labour given to them by their editors and workers, although sometimes apparently unprofitable and occasionally

thankless, must tend to the promotion of literary talent, and to the production of useful work. We need have no fear that a process of literary decentralisation will be carried too far: our metropolitan journals have no misgivings as to their provincial contemporaries. The local medical journal is becoming a necessity, inasmuch as the metropolitans are not able to keep pace with the supply, and it will be an addition to, rather than a displacement of, existing literature. It is often said that we have too much to read, and that life is too short for all the literature provided; but nevertheless it is remarkable to note that it is only the busiest of men who find time to keep up with current medical literature. We congratulate the editor and his associates on the appearance and the contents of their first number, and wish them that amount of support from the profession of the district which their efforts clearly deserve.

The Journal of Pathology and Bacteriology. Edited by GERMAN SIMS WOODHEAD, M.D. Vol. I. Nos. I. and II. Edinburgh: YOUNG J. PENTLAND. 1892.

There has long been felt the want of a publication containing reports of experimental and bacteriological research in pathology, and which shall appeal to a larger circle of readers, and be of more general interest than are the proceedings of the Pathological Society.

This *Journal*, which we owe to the energy of Dr. Woodhead, is intended to supply such a want. If the succeeding numbers come up to the level of these, we shall soon escape the reproach that English pathologists do but little towards the advancement of a science on which the progress of practical medicine and surgery so largely depends.

It is obviously impossible to give even a sketch of the more important questions elucidated by the various papers in these numbers; but we may perhaps be permitted to glance at the results of two or three of the researches here published. And we may first take Mr. Percy Dean's investigations on localised intracranial pressure. He shows that a spreading œdema is set up by any body which compresses the brain sufficiently to give rise to circulatory disturbance, and that this œdema continues to spread after the removal of the body, so as to cause death. This is paralleled by many recorded instances, in which removal of a bloodclot, due to meningeal hemorrhage, has been followed, though no more bleeding occur, by progressive weakness

and insensibility with fever, and death within twenty-four hours. Mr. Dean shows that, by opening up the wound afresh, letting the brain bulge freely into the trephine hole, and, if necessary, freely incising it, the œdema can be prevented from spreading, and the patient saved. Mr. Dean's researches also explain and correlate two well-known results of unilateral cerebral hemorrhage. We owe to Dr. Bastian the knowledge that whilst the hemorrhage is, as in-indicated by the symptoms, small in amount, the surface temperature on the same side of the body is lower than on the opposite (paralysed) side; whilst, if the bleeding continue, the conditions become exactly reversed. Mr. Hutchinson has shown that, in cases of cerebral hemorrhage, the pupil on the same side is at first very small; but as the bleeding continues, it becomes dilated and immovable (the well-known "Hutchinson pupil"). Mr. Dean's researches explain these clinical observations; they show that if the compressing body be small, an irritative lesion is produced, causing an elevation of the surface temperature of the opposite (paralysed) side, and a contraction of the pupil of the same side; whilst if the body be large, a paralytic lesion is produced, causing a depression of the temperature of the opposite side and dilatation of the pupil of the same side.

Although we have already taken up so much space, we must not omit to call attention to Dr. Herbert Spencer's paper, in which it is shown that the localised induration in the sterno-mastoid muscle of new-born children is due to a hæmatoma. Mention must also be made of the beautiful illustrations accompanying the paper by Drs. Ruffer and Walker on parasitic protozoa in cancer.

Such researches as these thoroughly justify the opinion expressed above, that experimental pathological work by Englishmen will materially advance the progress of clinical medicine and surgery, and that the establishment of this periodical will do much to further this good work.

The *Journal* is printed in the most admirable manner, and the illustrations throughout are worthy of the highest praise.

The Chinese, their Present and Future: Medical, Political, and Social. By ROBERT COLTMAN, Jun., M.D. Pp. viii., 212. Philadelphia: F. A. DAVIS. 1891.

This is an American book—American, to some extent, in its language, and American in its plain, practical character and its shrewd common sense. The author was a medical

missionary in Shantung, a north-eastern maritime province, of which we in Europe have heard from time to time in connection with the inundations of that erratic, turbulent, and destructive stream, the Hoang-Ho or Yellow River.

Though the form of civilisation is the same throughout the Flowery Land, we learn that there are considerable provincial modifications or varieties of race, of physical and of moral character, and even of language. Dr. Coltman has even acted as interpreter, on several occasions, between northern and southern men, though the written language and character are the same. The northern men are strong, hardy, and enduring, on a dietary of little more than bread, millet-gruel, a kind of coarse macaroni, cucumbers and radishes, and hot water. Shantung is not a tea-growing province, and hot water apparently takes the place of tea among the labouring classes. In a country "where the soil is as porous as a sieve," and where sanitary precautions and the germ-theory are unknown, the drinking-water is of course contaminated; and the Chinese know by experience that no water that has not been boiled is safe for drinking. Good tea cannot be bought in some parts of Shantung under a dollar per pound.

The common characteristics of the people are described in much the same terms as those to which we are accustomed. The Chinese are said to be, generally speaking, industrious and persevering, but procrastinating; imitative, but not inventive; proud, yet given to lying and cheating, and incapable of secrecy. With regard to prostitution, the difference between the Chinaman and the Japanese seems to be like that between the Englishman and the Frenchman. The vice is common everywhere; but the Chinaman is too proud to indulge in it publicly, as is the case in Japan. Female infanticide, the author thinks, is very rare in Shantung, though so common in Southern China; but the female sex is very little esteemed, while male offspring are earnestly desired.

Dr. Coltman is of the anti-opium party, taking a strong view of the pernicious effects of the drug.

The prevailing diseases of Shantung are those of the alimentary tract and of the eyes. Ulcers of the cornea are common: poor diet may be a cause of this, as well as of many of the dyspeptic complaints. Diseases of the lungs and pleura are common along the coast, but not so in some parts of the interior. Acute pulmonary tuberculosis, beginning with hæmoptysis, is occasionally seen; so is a fatal form of leucocythæmia. Dr. Coltman's remarks on stricture

of the œsophagus are interesting. It is said to be very common, but often capable of cure or relief. It is attributed to the irritative effects of the wine (or impure spirit) drunk hot; but the author thinks it is usually of syphilitic origin, as most of his cases have improved under the employment of dilatation and of iodide of potassium.

Parasites are extremely common. "Nearly everyone has worms;" and santonine is in high favour. Dysentery is the most formidable of all diseases to the foreigner; the author's treatment is chiefly remarkable for the absence from it of large doses of ipecacuanha: in the later stages he uses lead and opium, sulphate of copper and opium, cinchona-bark, and enemata.

Dr. Coltman speaks of an anæsthesia cutis unconnected with leprosy. But true leprosy is of very ancient date in China. In Shantung the lepers are not segregated, though the disease is thought to be contagious in some mysterious way. It is regarded as incurable. Our author believes it to be hereditary in most cases, feebly contagious, and inoculable, and he thinks that the previous saturation of the body with syphilis affords a favourable soil for the development of the disease. Accordingly, his internal treatment chiefly consists in the administration of iodide of iron.

There are interesting chapters on missionaries, and on the commercial and political future of China. The book conveys a considerable amount of instruction, and is very prettily illustrated with photo-engravings.

The Johns Hopkins Hospital Reports. Vol. II. Nos. 7, 8, 9. Report in Pathology, I. Amœbic Dysentery. By WILLIAM T. COUNCILMAN, M.D., and HENRI A. LAFLEUR, M.D. Pp. 156. Baltimore: THE JOHNS HOPKINS PRESS. 1891.

The amœba hitherto has been a useful ally of the physiologist in elucidating the properties of protoplasm and in demonstrating the simplest phenomena of life; but only recently has it been shown to have an important influence in the etiology of dysentery. In the year 1859 Lambl first described amœbæ in the stools, and afterwards Cunningham found them to be abundant in cholera patients; but they were considered to be accidentally present until the year 1875, when Lösch gave in Virchow's archives an accurate description of an amœba coli which he had found in the

stools of a dysenteric patient, and which he believed to be the essential cause of the disease. Amœbæ were afterwards found in the stools of dysenteric patients by various Italian authors, and then by Koch in his examination of the intestines of patients dead of dysentery in Egypt. In 1886 Kartulis, of Alexandria, endeavoured to prove that the amœbæ were the cause of tropical dysentery, and Hlava, in Prague, came to the same conclusion regarding European dysentery. Numerous observations have been recorded in support of this view, but of these by far the most important is that which emanates from the Johns Hopkins Hospital at Baltimore. This report is partly clinical, and contains an account of fourteen cases of amœbic dysentery, carefully analysed and recorded. In all of these cases amœbæ were found, either during life or after death, and their presence was found to be of diagnostic value, inasmuch as they were not found in cases of catarrhal, diphtheritic, or membranous colitis.

Six of the cases were complicated by abscess of the liver, and amœbæ were found in great numbers scattered throughout the contents of the abscesses; there were no abscesses in which the amœbæ were not found. They were more numerous in the smallest and most recent of these, and in those situations in which the abscess was extending; there were no other organisms in these small abscesses. Abscess of the lung, secondary to that of the liver, was found in three cases, and the sputum in these contained characteristic amœbæ. The authors have done much towards the investigation of dysentery, and its relation to hepatic and pulmonary abscesses. They appear to be justified in considering the following summary to rest upon a fairly well established basis:

1. Amœbic dysentery is a form of dysentery which etiologically, clinically, and anatomically should be regarded as a distinct disease.

2. The amœba dysenteriæ has been shown to be the causative agent, from its constant presence in the stools and in the anatomical lesions, and from the inoculation experiments by Kartulis.

3. Clinically the disease is characterised by the presence of amœbæ in the stools, which, in addition, present physical characters different from those seen in the stools of other forms of dysentery.

4. Anatomically the disease is characterised by the production of ulcers in the colon, which generally differ from those found in any other forms of dysentery.

5. Abscess of the liver, with or without involvement of the lungs, is a frequent complication, much more so than in any form of dysentery.

6. The disease is widely distributed, and is found in most countries in Europe, in most parts of the United States, and in the tropics everywhere.

7. This is the form of dysentery commonly called tropical.

The A B C Medical Diary and Visiting List for 1893. London: CHARLES LETTS & Co. and BURROUGHS, WELLCOME & Co.

This list, is of the same size as last year's edition, and contains space for recording visits to either 56 or 112 patients, and pages for various other memoranda. With the diary are bound up 132 pages of closely-printed matter, forming what is called the "Excerpta Therapeutica," which consists of condensed information arranged in alphabetical order. We notice that the drugs mentioned are for the most part those of which Messrs. Burroughs, Wellcome & Co. have a special preparation, and we have every reason to consider them worthy of confidence.

Notes on Preparations for the Sick.

Liquor Sedans.—PARKE, DAVIS & Co., Detroit.

This preparation, combining the properties of black haw, golden-seal, and Jamaica dogwood, is recommended as a utero-ovarian sedative and anodyne. Drugs of this kind appear to be gaining what is being lost by the various mechanical or surgical procedures; at any rate, these drugs are well worthy of trial before commencing more active surgical treatment, which may sometimes be rendered unnecessary. The preparation is an elegant one, and should be much appreciated by the medical gynæcologist who is not yet prepared to adopt the devices of his surgical confrère.

Kola Malt.—T. CHRISTY & Co., London.

This is an elegant preparation, combining the now well-known properties of the kola nut with the nutritious and digestive attributes of malt. Half a wineglassful, either alone or with water, cannot fail to be of service to invalids and convalescents.

Ready made Linseed Poultices and Mustard Poultices (Sacklins' Patent).—COOPER, 20 Royal Exchange, London.

The former are real poultices of pure crushed linseed rendered antiseptic. They are ready for immediate use on being soaked with boiling water. The latter are made of pure brown mustard flour and ground mustard husk. They only require to be moistened with warm water, and they can be worn by adults for hours. The benefit derived from a prolonged application of these comfortable poultices is likely to be much greater than from an application which stings so furiously that it is torn off in a few minutes.

Through Mr. H. T. Griffiths, of Victoria Street, Clifton, we have received various preparations, issued by MESSRS. BURROUGHS, WELLCOME & CO., London.

The evidence in favour of the utility of guaiacol in phthisis is steadily accumulating, and the effect appears to vary in proportion to the dose the patient is able to take. Most patients take it readily, and in one way or another the dose may be steadily increased up to 60 or 90 grains daily. In consequence of the supposed difficulties in the administration of guaiacol and creasote, attempts to find an efficient and more palatable substitute have led to the discovery of a tasteless compound of pure guaiacol with benzoic acid, which has already given good results in doses of twelve grains or more daily. This drug, to which the name of **Benzosol** has been given seems likely to have a brilliant future.

Iodopyrin is antipyrine in which an atom of hydrogen is replaced by iodine. When given internally it is split up into iodine and antipyrine, and the antipyretic value of the latter is in no degree impaired. It has yet to be proved whether the new drug presents any advantages over the older and more familiar antipyretics, such as phenacetin, antifebrine, and antipyrine.

The **Nasal Tabloids** are most convenient for nasal irrigation. Alkaline ones are prepared, each of which contains five grains of boric acid with five grains of sodium chloride, and is intended to be dissolved in a wineglassful of tepid water. There are also antiseptic ones with half a grain of carbolic acid and five grains of bicarbonate of soda and of powdered boric acid in each.

The **Naso-Pharyngeal Tabloid** contains common salt, boric acid, borax, benzoate of soda, cocaine, menthol, thymol,

and oil of gaultheria. It must be somewhat difficult to ascertain the resultant effect of such a combination, but it should have a considerable range of utility.

The **Compressed Lithia Compound Tabloids,** prepared from the formula of Mr. Hugh Lane, contains salicylate of quinine (gr. $\frac{1}{3}$), with precipitated sulphur (grs. ij.) and benzoate of lithia (grs. iij.).

Malto-Ricine (Castor Oil and Malt Extract, KEPLER) is a palatable and effective combination, containing 50 per cent. of castor oil. The taste of the oil is so masked that even children will take it readily. The aperient action of the oil is decidedly enhanced by the intimate coalescence of the globules with the malt extract.

Glycerinum Pepticum (FAIRCHILD) is a concentrated solution of pepsine, being a glycerine extract of gastric mucous membrane, and containing no alcohol or other antiseptics than glycerine. It is uniform and permanent, freely miscible without precipitation, and so active that twelve minims will completely convert 2,500 grains of finely comminuted coagulated egg albumin into soluble albumoses and peptones. The dose is five to fifteen drops in acidulated water.

Essentia Malti (KEPLER) is described as "the ideal nutritive beverage," superior to stout, inasmuch as the carbo-hydrates and the diastase have not been sacrificed for the production of alcohol. A wineglassful of the Kepler essence contains more nutritive material than a pint of the finest alimental stout. Its flavour is good, and it makes an excellent drink when diluted with aerated water or milk.

MEETINGS OF SOCIETIES.

Bristol Medico-Chirurgical Society.

Annual Meeting, October 12th, 1892.

Mr. F. R. CROSS, President, in the Chair.

After a vote of thanks to the retiring President (Mr. F. R. Cross) had been unanimously passed, his successor, Dr. E. Markham Skerritt, took the Chair, and read his inaugural address (see page 229), for which a cordial vote of thanks was given him. The Honorary Secretary, Assistant-Editor, and Honorary Librarian presented their annual reports, which were adopted. The following officers were chosen for the ensuing year:—President-Elect; Mr.

Greig Smith: Honorary Secretary; Mr. Munro Smith: Honorary Librarian; Mr. L. M. Griffiths: Members of Committee; Dr. Michell Clarke, Mr. J. Dacre, Dr. A. J. Harrison, Mr. W. H. Harsant, Mr. A. W. Prichard, Dr. J. E. Shaw.

Dr. GEORGE PARKER showed: (1) Two cases of congenital deformity of the forearms in children. Both hands were fixed in the position of pronation. In one case the two radii were subluxated backwards. (2) A patient with a small branchial fistula between thyro-hyoid and sub-hyoid arches on left side. Other members of the same family showed signs of this defect. (3) A case of elephantiasis of the right leg. The patient had suffered from attacks of deep dermatitis. The skin was generally smooth, with occasional cracks and with some nodular growths beneath.

November 9th, 1892.

Dr. E. MARKHAM SKERRITT, President, in the Chair.

The proposal for the amalgamation of the Libraries of the Society and of the Medical School, which had already been approved by the Faculty of the School and by the Committee of the Society, was brought before the meeting by the President. After some discussion, the scheme was adopted.

It was proposed that Law 7 shall in future read as follows: "The subscription to the Society shall be one guinea, payable in advance." This was carried.

Dr. MICHELL CLARKE showed a boy with well-marked Addison's disease, and two patients (boys) with Friedreich's hereditary ataxy. He pointed out the resemblances and differences between this condition and chorea and ordinary ataxy, such as the early age of the patient, the affection of more than one member of a family, absence of knee-jerk, slight nystagmus, &c.

December 14th, 1892.

Dr. E. MARKHAM SKERRITT, President, in the Chair.

The alteration in Law 7, relative to the increase of subscription from 10/6 to one guinea, was confirmed.

A modification of the Library Scheme (Rule I.) was adopted.

Mr. F. R. Cross, Mr. L. M. Griffiths, and Dr. Shaw, were elected to represent the Society on the conjoint Library Committee.

Dr. AUST LAWRENCE read notes on a case of extra-uterine gestation. The patient showed signs of pregnancy, and seven weeks after her last menstrual period was attacked with sudden, sharp abdominal pain. She had several subsequent attacks, and a few weeks later had a very severe one with collapse. The abdomen was opened, the ruptured tube found, and the cavity cleaned and drained. The woman made a good recovery.—Mr. C. A. MORTON

explained the pathological condition by a diagram, and exhibited the specimen. At the first attack of pain the distended Fallopian tube had apparently broken into the broad ligament, and later on the sac so formed had ruptured into the peritoneal cavity.

Mr. GREIG SMITH showed a number of specimens removed by operation, including the following:—Abortive extra-uterine fœtation in the broad ligament; inflamed and adherent uterine appendages; cancerous tumour of the umbilicus; tumour of a patent Meckel's diverticulum, formed chiefly of hypertrophied mucous membrane; cancerous growth from man's ear; concretion in vermiform appendix; adenomatous tumour of breast of aged woman; large myoma with nodules on surface of uterus; another large and soft myoma; several ovarian tumours; papillary carcinoma of breast; and scirrhus from the breast of a woman aged 27, with secondary nodules. The tumour had grown rapidly since the birth of a child.

Dr. ROGERS read a paper on the relation between megrim and epilepsy. He remarked on the tendency of these diseases to be hereditary; and the occasional disappearance of one to give place to the other in the same individual. He narrated the case of a lady who had suffered severely from sick headaches, which ceased at the age of fifty, when she suffered from marked epileptic attacks. Both diseases might be considered paroxysmal neuroses. He commented on the amnesia sometimes present in megrim, and on other motor disturbances.

G. MUNRO SMITH, *Hon. Sec.*

Plymouth Medical Society.

October 29th, 1892.

Mr. T. LEAH, President, in the Chair.

Dr. LAWRENCE FOX read a paper on empyema, in which, after sketching the views held by Hippocrates, Pinet, and Laennec, he remarked on the much earlier treatment of our cases than formerly obtained, and the importance, especially in children, of accurate diagnosis. He cited cases of children even with large collections of pus, and yet normal temperatures. He urged the value of the cyrtometer; but admitted that in children the diagnosis had often to be made by the hollow needle, a means not frequently enough employed. After dwelling on the differential diagnosis, Dr. Fox went on to discuss the treatment by (1) aspiration, (2) incision, and (3) incision with resection of rib. He said the first method was almost entirely superseded by (2) and (3), although aspiration by bringing negative pressure to bear helped expansion of the lung; it, especially in private practice, offered a happy medium between "trusting to nature" and having "a surgical operation performed." He recommended the ninth interspace between the mid- and post-axillary lines as the most suitable incision; but condemned irrigation except n septic cases, and considered sixteen days to four months as the usual time required for retaining the

drainage tube. In his opinion, resection of a rib was an unnecessary procedure in most cases, and he recommended chloroform warily given as the best anæsthetic. When the sinus was closed, calisthenic exercise and forcible expiratory efforts with closed glottis were recommended as aids to expansion of the lung. Not long ago retraction of the chest, spinal curvature, discharging sinuses, amyloid disease, were often met with as relics of a bygone empyema, and we must congratulate ourselves on the much better results now obtained.—Mr. LUCY asked Dr. Fox if he had met with hemorrhoids accompanying empyema in children, and cited a case. He also recommended the injection of glycerine and water when using the exploring syringe, and asked Dr. Fox if he had met with any sudden deaths of patients suffering from empyema.—Mr. A. C. RENDLE recommended an incision below the scapular angle.—Mr. WOOLLCOMBE alluded to the differentiation between pus in pleura and that between liver and diaphragm, and asked Dr. Fox as to the frequency of cerebral abscess (Godlee). He considered sudden death during irrigation due to the bursting of adhesions and shock.—Mr. LEAH cited a case, in which during irrigation the patient complained of the taste of carbolic acid, and became worse after each washing out.—Mr. B. RENDLE related a case of recovery in a boy after four aspirations.—Mr. F. WILLIAMS suggested the use of drainage tubes, stiffened with an inner wire spiral.—Dr. Fox, in replying, thanked Mr. Lucy for the suggestion of using fluid in the exploratory syringe, and considered that cerebral abscess was due to emboli passing the lung capillaries. He gave the case of a lunatic, whose pet delusion was that his chest was full of corruption, which proved after death to be only too true.

REGINALD H. LUCY, *Hon. Sec.*

The Library of the Bristol Medico-Chirurgical Society.

At the Annual Meeting of the Society, held on October 12th, Mr. L. M. Griffiths, the Honorary Librarian, read the following Report:—

Since the Annual Meeting of the Society last year 679 volumes have been added to the Library, which now, including 264 duplicates, contains 2,564 volumes.

The donors of money during that period have been Mr. E. C. Board and Mr. S. H. Swayne. Those who have given books are Dr. Barclay Baron, British Medical Association, Dr. Michell Clarke, Mr. G. G. Corbould, Dr. D. S. Davies, Mr. W. Duncan, Dr. C. Elliott, Mr. H. W. Freeman, Mr. L. M. Griffiths, Dr. Clements Hailes, Mr. W. H. Harsant, Dr. Percy Mathews, Mr. J. H. Norman, Mr. C. F. Pickering, Dr. Arthur B. Prowse, Dr. J. E. Shaw, Mr. Greig Smith,

Dr. Shingleton Smith, Mr. Simeon Snell, The Staff of St. George's Hospital, Dr. Charles Steele, The Surgeon-General United States Army, Dr. J. G. Swayne, Dr. F. J. Wethered and Dr. Watson Williams.

Many additions are required to complete sets of books, more especially of periodicals. Towards this every member of the Society might do something. An odd volume, or even an odd number, would often be acceptable.

It has been suggested that our Library should be amalgamated with that of the Medical School, and that our books should be housed in the new School Buildings. For the consideration of this suggestion your Committee at a recent meeting appointed three of its members to talk over the matter with three members of the Faculty of the Medical School and report the result. The conference has not yet taken place, and now would be a convenient time for members of the Society generally to express their views of the proposal.

If the amalgamation should take place, doubtless those members of the Society, who have been withholding their contributions till a larger scheme should be developed, will then feel themselves unfettered in the matter of adding to the Society's store of books or of enriching our own Library Fund.

The following donations have been received since the publication of the List in September:

November 30th, 1892.

	£ s. d.	
British Medical Association (1) ...		... 221 volumes.
Alexander Carr (2)		... 1 volume.
Percy Mathews, M.D. (3) ...		... 1 ,,
Arthur B. Prowse, M.D. (4) ...		... 1 ,,
The Staff of St. Thomas's Hospital (5)		... 18 volumes.
J. Greig Smith (6)		... 2 ,,
R. Shingleton Smith, M.D. (7)...		... 1 volume.
Charles Steele, M.D. (8)... ...		... 12 volumes.
Henry Waldo, M.D.	5 5 0	
F. J. Wethered, M.D. (9) ...		... 1 volume.

Unbound periodicals have been received from the British Medical Association, Dr. Prowse, and Dr. Steele.

Framed pictures have been presented by Dr. Michell Clarke, Mr. F. J. de Soyres, and Mr. S. H. Swayne.

SIXTH LIST OF BOOKS.

The figures in brackets refer to the figures after the names of the donors, and show by whom the volumes were presented. The books to which no such figures are attached have either been bought from the Library Fund or received through the *Journal*.

Abercrombie, J. *Pathological and Practical Researches on Diseases of the Brain and Spinal Cord* .. ... (1) 3rd Ed. 1834
Adams, W. ... *Subcutaneous Surgery* ... ... (1) 1857
Adams, W. ... *Reparative Process in Human Tendons* ... ... (1) 1860
Aneurism, Observations on. (Tr. and Ed. by J. E. Erichsen) ... (8) 1844
Allaman, C. ... *Des Aliénés Criminels* ... ... (1) 1891
Anstie, F. E. ... *Neuralgia* ... ... (1) 1871

Barlow, G. H. ... *Manual of the Practice of Medicine* ... ... (1) 1856
Beale, L. ... ... *The Microscope in Clinical Medicine* ... ... (1) 1854
Beissel, Dr. (Ed.) *Aix-la-Chapelle.* (Tr. par Dr. Lermuseau) ... (1) 1891
Bell, Sir C. ... *The Hand* ... ... (1) 4th Ed. 1837
Bell, John .. *The Principles of Surgery.* 3 vols. in 4 ... ... (1) 1801-8
Bell, Joseph ... *Manual of Surgical Operations* ... ... 7th Ed. 1892
Bell, T. ... ... *The Anatomy, Physiology, and Diseases of the Teeth* (1) 2nd Ed. 1835
Bennett, J. H.... *Introduction to Clinical Medicine* .. ... (1) 2nd Ed. 1853
Bigg, H. ... ... *Manual of Orthopædy.* Part I.—*The Head and Neck* 1892
Billing, A. ... *First Principles of Medicine* ... . (1) 5th Ed. 1849
Bramwell, B. ... *Atlas of Clinical Medicine.* ... ... Vol. II., Pt. I. 1892
Brodie, C. G. ... *Dissections Illustrated* ... ... Part I. [1892]
Buck, A. H. (Ed.) *Hygiene and Public Health.* 2 vols. ... ... (1) 1879
Buren and E. L. Keyes, W. H. *On the Genito-Urinary Organs* ... (1) 1875
Burnett, W. ... *Mediterranean Fever* ... ... (1) 1814

Carmichael, J.... *Diseases in Children* 1892
Carpenter, W. B. *Principles of Human Physiology* ... ... (1) 4th Ed. 1853
Cathell, D. W.... *Book on the Physician Himself* ... ...10th Ed. 1892
Celsus, A. C. ... *Medicinæ Libri Octo.* (Ed. by E. Milligan) (1) 2nd Ed. 1831
Cheyne, W. W. (Ed.) *Micro-Parasites in Disease* ... ... (1) 1886
Chomel, A. F. ... *Eléments de Pathologie Générale* ... ... (1) 4th Ed. 1856
Christison, R. ... *A Treatise on Poisons* ... ... (1) 3rd Ed. 1836
Clarke, E. ... *Eyestrain* 1892
Cobbold, T. S. ... *Parasites* ... ... (2) 1879
Copeland, T. ... *Observations on the Principal Diseases of the Rectum and Anus* ... ... (1) 2nd Ed. 1814
Coupland, S. ... *Notes on the Clinical Examination of the Blood and Excreta* ... ... 3rd Ed. 1892

Courtenay, F. B. *On the Cure of Stricture of the Urethra* ... ... (1) 1851
Cunningham, D. J. *Guide de Dissection.* (Adaptation par P. Kuborn) (1) 1890
Currie, J. ... ... *Medical Reports on the Effects of Water, etc.* (1) 2nd Ed. 1798

Daniel, W. F. ... *Topography and Diseases of Guinea* ... ... (1) 1849
Diphtheria, Memoirs on. (Ed. by R. H. Semple) ... ... (8) 1859
Dixey, F. A. ... *Epidemic Influenza* 1892
Duncan, A. ... *Prevention of Diseases in Tropical Campaigns* ... (1) 1888
Dupuytren, Baron *Leçons Orales de Clinique Chirurgicale.* (1) Tomes I. II. 1832-33
,, *Lesions of the Vascular System.* (Tr. and Ed. by F. le G. Clark) ... ... (8) 1854

Ewald, C. A. ... *Lectures on Diseases of the Digestive Organs.* (Tr. by R. Saundby) ... ... (1) Vol. II. 1892

Fenwick, E. H. *Golden Rules of Surgical Practice* ... ... 3rd Ed. [1892]
Feuchtersleben, Baron *Medical Psychology.* (Tr. by H. E. Lloyd and Ed. by B. G. Babington) ... ... (8) 1847
Ford, E. ... ... *Observations on the Disease of the Hip Joint, etc.* (1) 1794
Fuller, H. W. ... *Diseases of the Chest* ... ... (1) 1862

Giles, G. M. ... *Kála-azár and Beri-beri* ... ... (1) 1890
Glover, R. M. ... *Pathology and Treatment of Scrofula* ... ... (1) 1846
Graves, E. J. ... *A System of Clinical Medicine* ... ... (1) 1843
,, *Clinical Lectures on the Practice of Medicine.* 2 vols. (1) 2nd Ed. 1848
Griffin, W. and D. *Functional Affections of the Spinal Cord* .. ... (1) 1834
Guy, W. A. ... *Principles of Forensic Medicine.* 3 parts ... ...(1) 1843-44

Harknett, J. J. *Antiseptic Dry-air Treatment of Consumption.* 2nd Ed. 1892
Harrison, R. ... *The Dublin Dissector* ... ... (1) 5th Ed. 1838
Harrison, R. ... *The Surgical Disorders of the Urinary Organs.* (1) 2nd Ed. 1880
,, *The Prevention of Stricture and of Prostatic Obstruction* ... ... (1) 1881
Henoch, E. ... *Lectures on Children's Diseases.* 4th Ed. (Tr. by J. Thomson) ... ... (1) Vol. II. 1889
"Historicus" ... *Cocoa: All About It* 1892
Holden, L. ... *Human Osteology* ... ... (1) 4th Ed. 1869
Hope, J. ... ... *On the Diseases of the Heart* ... ... (8) 3rd Ed. 1839
Hospitals, The Modern Practice of the London ... . (1)
Husband, H. A. *The Student's Handbook of the Practice of Medicine* (1) 2nd Ed. 1878
Huxham, J. ... *An Essay on Fevers* ... ... (1) [N.D.]

Jackson, J. ... *Letters to a Young Physician* ... ... (1) 4th Ed. 1856
Jones, H. ... ... *A Guide to the Examinations in Sanitary Science* ... 1892

Jones, T. W. ... *Ophthalmic Medicine and Surgery* ... ... (1) 1847

Keating, J. M. *Pronouncing Dictionary of Medical Terms* 1892
Keyes, W. H. Buren and E. L. *On the Genito-Urinary Organs* ... (1) 1875
Kingzett, C. T. *Nature's Hygiene* ... ... (1) 2nd Ed. 1884
Kirchner, W. ... *Handbuch der Ohrenheilkunde* ... ... (1) 3rd Ed. 1890
Koecker, L. ... *Diseases of the Jaws* ... ... (1) 1847

Laennec, R. T. H. *Treatise on Diseases of the Chest.* (Tr. by J. Forbes) (1) 4th Ed. 1834
Lallemand, F.... *A Treatise on Spermatorrhœa.* (Tr. and Ed. by H. J. McDougall) ... ... (1) 1847
Lefebvre, A. ... *Des Déformations Ostéo-Articulaires* ... ... (1) 1891
Lescher, F. H.... *Recent Materia Medica* ... ... (1) 3rd Ed. 1888
Levillain, L. ... *La Neurasthénie* ... ... (1) 1891
Lonsdale, E. F. *A Practical Treatise on Fractures* ... ... (1) 1838
,, *Lateral Curvature of the Spine* ... ... (1) 1847
Lyons, R. D. ... *Handbook of Hospital Practice* ... ... (1) [1858]

Mackintosh, J. *Principles of Pathology and Practice of Physic.* 2 vols. (1) 3rd Ed. 1832
Mapother, E. D. *Physiology and Disease* ... ... (1) 1864
Marsden, A. ... *Cancer* ... ... (8) 2nd Ed. 1874
Mayo, H. ... ... *Outlines of Human Physiology* ... ... (1) 1827
,, *Outlines of Human Pathology.* 2 parts ... (1) 1835-36
Meadows, A. ... *The Prescriber's Companion* ... ... (1) 3rd Ed. 1874
Mechanical Exercise a Means of Cure ... ... (8) 1883
Milton, J. L. ... *On the Treatment of Lupus* ... ... (1) 1866
Monro, A. ... *The Anatomy of the Human Bones, Nerves, and Lacteal Sac and Duct* ... ... (1) 1788
Moullin, C. W. M. *The Operative Treatment of Enlargement of the Prostate* 1892
Moure, E. J. ... I. *Abcès du Larynx dans la Scarlatine.* II. *Un Nouveau Cas de Chancre Induré de la Fosse Nasale* 1892
Müller, J. ... *Elements of Physiology* (1) Parts II., III., IV., 1838; (1) V., 1839

Newman, D. ... *Malignant Disease of the Throat and Nose*... 1892
Niemeyer, F. v. *Text-book of Practical Medicine.* 8th Ed. (Tr. by. G. H. Humphreys and C. E. Hackley.) 2 vols. (1) 1880

Oesterlen, F. ... *Medical Logic.* (Tr. and Ed. by G. Whitley) ... (8) 1855
"Oesypum" to "Lanoline," From 1892
Oven, B. v. ... *On the Decline of Life* ... ... (1) 1853

Parkes, L. C. ... *Hygiene* ... ... 3rd Ed. 1892
Pereira, J. ... *Materia Medica* (1) Vol. I., 3rd Ed. 1849; (1) Vol. II. Part I., 3rd Ed. 1850, Part II., 4th Ed. 1857
Pettigrew, J. B. *Physiology of the Circulation* ... ... (1) 1874
Rayer, P.... ... *Diseases of the Skin.* 2nd Ed. (Tr. by R. Willis) (1) 1835

Reynolds, J. R. *Epilepsy* ... ... (1) 1861
Richardson, B. W. *The Coagulation of the Blood* ... . (1) 1858
Ringer, S. ... *A Handbook of Therapeutics* ... ... (4) 2nd Ed. 1891
Roberts, R. L. ... *Nursing and Hygiene* ... ... (1) 1890
Robins, E. C. ... *Modern Hospital Construction* ... ... (1) 1883
Roger, H. ... *Séméiotique des Maladies de l'Enfance* ... ... (1) 1864
Rowland, R. ... *A Treatise on Neuralgia* ... ... (1) 1838
Rudolphi, K. A. *Grundriss der Physiologie.* 2 vols. in 1 ... (1) 1821–28

Sansom, A. E. ... *The Diagnosis of Diseases of the Heart and Thoracic Aorta* 1892
Savill, T. D. ... *Epidemic Skin Disease* 1892
Schoenlein, J. L. *Klinische Vorträge in dem Charité-Krankenhause zu Berlin* .. .. (1) 3rd Ed. 1843
Sebillote, R. ... *Intoxications per le sublimé corrosif chez les femmes en couches* ... ... (1) 1891
Semmola, M. ... *Die Alte und die Neue Medizin.* (Ueber. von V. Meyer) ... ... (1) 1885
Sharpe, S. ... *A Treatise on the Operations of Surgery* ... ... (1) 1788
Smith, F. A. A. *Keep Your Mouth Shut* 1892
Smith, H. ... *Stricture of the Urethra* ... ... (1) 1857
Spender, J. K. ... *On Ulcers* ... ... (1) 1868
Spittal, R. ... *A Treatise on Auscultation* ... ... (1) 1830
Stacpoole, Florence *Advice to Women on the Care of the Health before, during, and after Confinement* 1892
,, ,, *Our Sick, and How to Take Care of Them* 1892
Stewart, T. G. ... *Lectures on the Nervous System* ... ... (1) 1884
Swanzy, H. R. *Diseases of the Eye* ... ... 4th Ed. 1892

Thomas, H. O. ... *Fractures, &c. of the Lower Extremities* ... ... (1) 1890
Thompson, Sir H. *Stricture of the Urethra* ... ... (1) 3rd Ed. 1869
,, *Diseases of the Urinary Organs* ... ... (1) 4th Ed. 1876
Thompson, R. E. *Physical Examination of the Chest* ... ... (1) 1879
Tommasi-Crudeli, Prof. *Rome and Malaria* 1892
Tuckey, C. L. ... *The Value of Hypnotism in Chronic Alcoholism* ... 1892
Tuke, D. H. ... *Reform in Treatment of the Insane* 1892
Tuson, E. W. ... *On Curvature of the Spine* ... ... (1) 1841
Tyson, J. ... ... *Practical Examination of Urine* ... ... (1) 4th Ed. 1883

Vogel, J. ... ... *Disorders of the Blood.* (Tr. and Ed. by C. C. Day) (1) 1856

Wade, R. ... .. *Stricture of the Urethra* ... ... (1) 1853
Walley, T. ... *Meat Inspection* ... ... (1) 1890
Wethered, F. J. *Medical Microscopy* ... ... (9) 1892
Whately, T. ... *Observations on Ulcers, &c.* ... ... (1) 2nd Ed. 1816
Wilks, S. ... ... *Pathological Anatomy* ... ... (1) 1859
Wilson, W. J. E. *Practical and Surgical Anatomy* ... ... (1) 1838

TRANSACTIONS, REPORTS, JOURNALS, &c.

The List of current Periodicals to be seen in the Library is given in the Journal *for March.*

American Gynecological Society, Transactions of the (1) Vol. XVI. 1891
American Journal of Ophthalmology, The ... ... Vol. VIII. 1891
Australasian Medical Directory 1892
Bibliotheca Medico-Chirurgica 1892
Calendar of the Royal College of Surgeons in England 1892
China Medical Missionary Journal, The (3) Vol. IV., 1890; Vol. V. 1891
Dublin Journal of Medical Science, The (1) Vols. LIII.—LXVII. 1872-79
Epidemiological Society of London, Transactions of the
N.S. (1) Vols. I., II., 1883; (1) IV.—VII. 1885-89
Hospitals—
Bristol Royal Infirmary Reports ... ... (7) Vol. I. 1878-79
St. Thomas's Hospital Reports. N. S. (5) Vols. I.—XVIII. 1870-90
Jahrbücher, Schmidt's (1) Bd. 97—104, 1858-59; (1) Bd. 109—112, 1861; (1) Bd. 115—122, 1862-64; (1) Bd. 127—130 1865-66
Liverpool Medico-Chirurgical Journal, The
(6) Vols. VIII., IX., 1888-89; Vol. XI. 1891
London Medical Review, The ... ... (1) Vol. I. 1808
London, Transactions of the Pathological Society of. (1) Vols. IV.—XV., 1853-64; (1) Index, Vols. I.—XV., 1864; (1) Vols. XVI.—XXXVII., 1865-86; (1) Index, Vols. XVI.—XXXVII., 1887; (1) Vols. XXXVIII.—XLI. 1887-90
Manchester, Transactions of the Pathological Society of. Vol. I. 1891-92
Marine-Hospital Service of the United States, Annual Reports of the Supervising Surgeon-General of the ... ... (1) 1890-91
Medical Annual, The ... ... (8) 1891
Medical Review ... ... Vol. XXV. 1892
Navy, Statistical Report on the Health of the, 1890 ... ... (1) 1891
Ohio, Fifth Annual Report of the State Board of Health of the State of ... ... (1) 1891
Practitioner, The ... ... (1) Vols. I.—IV. 1868-70
Progrès médical, Le ... ... 2e Ser. Tome XV. 1892
Registrar-General of Births, Deaths, and Marriages in England, Reports of... ... ... (1) 1887-91
Retrospect of Medicine, Braithwaite's. (8) Vols. LXXV.-LXXVII. 1877-78
Sanitarian, The (1) Vols. XVIII.-XX., 1887-88; (1) XXII., XXIII. 1889
Sanitary Institute of Great Britain, Transactions of the
(1) Vols. I.—XI. 1880-91
Surgeons in London, List of the Members of the Royal College of (1) 1825-1827
Surgeons of England, List of the Fellows and Members of the Royal College of ... ... (1) 1844
Year-book of Treatment, The ... ... (1) 1884
Zeitschrift der k. k. Gesellschaft der Arzte in Wien ... ... (1) 1862-63

SCRAPS

PICKED UP BY THE ASSISTANT-EDITOR.

The Guild of St. Cecilia.—At an entertainment given to the inmates of a lunatic asylum in Scotland, one of the items of the programme consisted of a toy-symphony played by several influential gentlemen upon toy-instruments. After the symphony was over, a clergyman who had taken part in it asked one of the inmates, "Well, John, how did you like the music?" "Oh, weel, sir," was the reply," "it 's a guid thing that we 're a' daft here!"

Unjustifiable Vicarious Sacrifice.—In an account of the birth of the Duc de Bourgogne, grandson of Louis XIV., in the *Curiosités Historiques* (p. 48), amid the description of the raptures of the splendid court assembled on the occasion, there is a casual mention of an incident affording a wonderful contrast to all this royal joy and magnificence. The attendant chief *accoucheur*, the celebrated Dr. Clement, to prevent suffering on the part of the mother (the Dauphine), applied to her person the skin of a sheep, newly flayed. To obtain this quite fresh, a butcher was engaged to skin the animal alive, in the adjoining room; and being anxious to offer the skin as quickly as possible to the doctor, he carried it into the chamber of the Dauphine, leaving the door open. The sheep, in its agony, followed him, and ran in bleeding and skinless among the shrieking crowd of courtiers and grandees.—*Cornhill Magazine.*

Medical Philology (IV).—The *Promptorium* gives the following:

ATTYR, fylthe. *Sanies.*

Mr. Way's note is:—

> A. Sax. Atter, *venenum.* "This sore is full of matter, or ater; *purulentum*," HORM. Atter has the same sense in Norfolk at the present time, and Skinner mentions the word as commonly used in Lincolnshire.

As the book referred to by Mr. Way as "HORM" was not one of those of which I gave a short description with the first of these paragraphs in March, I append a note upon it.

HORMAN ... *Vulgaria.* This was an English-Latin phrase-book compiled by William Horman, who was Head Master of Eton. The first edition of the book was printed in 1519. It was reprinted in 1530, five years before Horman's death.

This word, which is now obsolete, or only occasionally met with in some dialects, appeared in Old and Middle English in various forms which are given in the *New English Dictionary*, and which present great diversity. It is easy to see its alliance with the modern German, *Eiter*, pus. The surgical significance of the word is obvious in the passage in Caxton's *Golden Legend*, in which it is said "kyrnellys and botches of his face . . . . ranne grete plente of blood and atter;" and in Coverdale's version of *Job* ii. 7, which reads, "and scraped of the etter off his sores." No quotation later than 1643 is given in the Dictionary.

Medical Ethics: Then and Now.—I here give some extracts, written more than 300 years apart, which illustrate one of the topics on which satirists of doctors love always to dwell.

THEN.

In 1564 was published the first known edition of "*A Dialogve bothe pleasaunte and pietifull, wherein is a goodly regimente againſt the feuer Peſtilence with a conſolacion and comfort againſt death.* Newly corrected by willyam

Bulleyn, the autour thereof." *Antonius* is represented ill with the plague. He sends for *Medicus*, who goes "solempnely ridyng vpon his mule, with a side goune, a greate chaine of gold about his necke, his Apothicarie *Crispine*, ... and his little Lackey, a proper yong applesquire called *Pandarus*, whiche carrieth the keye of his Chamber with hym." A long interview takes place. The apothecary is much affected by the sick man's recital of a dream, and the following whisperings occur:

Crispine.—I will departe: his talke doeth so muche trouble mee; mee thinke he doeth wounde my conscience. Also I will home, and caste awaie a greate number of rotten drugges wherewith I haue gotten muche money in deceiuyng the people. God forgiue mee!

Medicus.—The vicar of S. Fooles be your ghostly father. Are you so wise? tary still with mee; let hym paie for your rotten drugges, for I may saye to you that he is almoste rotten alreadie hymself; me think your conscience is to much spiced with sodaine deuotion.

Much further time is spent with the sick man, and then the dialogue thus proceeds:

Medicus.—Is it not tyme to depart? We haue taried here verie long, but not without gaine.

Crispine.—Sir, I haue thought it a moneth since our commyng hether: you haue been sente for eight tymes this after noone, and twoo of your pacientes are dedde this daie.

Medicus.—That is no maruell, for who can hold that will awaie. I shall haue more worke then I can put my hande vnto. It is now a golden worlde with me, and with you also.

Crispinus.—God continue the same. I would thousandes were sicke, but I would haue none dedde but the beggers that doe trouble the world, and haue no money to paie. I praie you what thinke you of maister Antonius; shall he escape it or no?

Medicus.—I haue his plentifull rewarde, and money for you also. I haue had lōg talke with hym. But to bee plain with you, I thinke neuer to se hym again aliue. He was paste cure or I came to hym, and he could not skape; therefore I kepte hym with longe talke, but I spake but softly.

Crispine.—Then I perceiue your talke was vnprofitable to him. Yet I wrote it in a little paper booke in my hande.

Medicus.—Not vnprofitable if the Phisicion come in the beginnyng or augmentyng of the sicknesse. But in the full state of this sickness, it is most dangerous, because death will preuente it or it cometh to the declinacion. Oh, it is a strong poison if the Pestilence crepe to his harte.

Crispine.—This man loued you well in his life; if he dooe depart this present worlde, will ye not be present at his buriall, Maister doctour?

Medicus.—He loued me as I loued him, He me for healthe, and I hym for money; And thei whiche are preseruers of the life of manne, ought not to be present at the death or buriall of the same man, therefore I haue taken my leaue, I warrante you.

NOW.

On sait que ce sont les chirurgiens américains qui ont mis en honneur l'intervention précoce dans l'appendicite. Il paraît qu'ils abusent un peu de ce diagnostic, du moins si l'on en croit un des journaux médicaux de Philadelphie, qui n'est pas tendre pour ses compatriotes.

Notre confrère américain réclame vivement au nom de la clinique et de l'honnêteté. "Il semble," dit-il, "que, dans les examens des étudiants en médecine, les questions habituelles sur le diagnostic différentiel de la constipation avec les autres formes d'obstruction intestinale aient été remplacées par les suivantes ou par quelque chose d'approchant:"

"Dites-moi les caractères différentiels des affections abdominales?"

"Si le sujet est du sexe masculin, il a une appendicite; si c'est une femme, elle a une salpingite."

"Quelle est l'indication de la laparotomie?"

"L'aptitude du malade à payer la forte somme."

"Nous n'en sommes pas encore là pour l'appendicite," dit notre ami T. dans la *Médecine moderne* "mais pour la salpingite, je ne jurerais que parfois! . . . . ."—*L'Union médicale*, 1892.

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